

California Department of Corrections and Rehabilitation

Office of Audits and Compliance



Operational Peer Review

California State Prison - Lancaster

March 10 through March 21, 2008

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OFFICE OF AUDITS AND COMPLIANCE

CALIFORNIA STATE PRISON, LOS ANGELES

EXECUTIVE SUMMARY

The Office of Audits and Compliance, in conjunction with various teams, conducted an audit of the Security/Escape Prevention, Administrative Segregation and Due Process, Business Services, Information Security, Inmate Education Programs, Inmate Appeals, [REDACTED], [REDACTED], [REDACTED], Administrative Segregation Bed Utilization, and Radio Communication, [REDACTED], Case Record, and [REDACTED] at California State Prison, Los Angeles (LAC) from March 10, 2008 through March 21 2008. The purpose of the audit was to determine LAC's compliance with State, federal, and departmental rules, regulations, policies, and procedures.

Preliminary audit reports were prepared for each of the audited areas. This executive summary identifies the significant issues identified in each of the preliminary reports. For more information on the areas of interest, please see the detail preliminary report. The Office of Audits and Compliance requested that LAC provide a CAP 30-days from the date of the Preliminary report.

A summary of the significant issues is as follows:

Administrative Segregation and Due Process

LAC, the Facility was in compliance with 51 (73 percent) of the 70 ratable areas. Areas of concern were found in the following areas:

- **Exercise.** The walk-alone yard group designation in A4 and A5 is only receiving 6 to 8 hours of outdoor exercise per week.
- **Quarterly Fire Drills.** Of the 36 required drills, 16 (44 percent) were documented.
- **Rule Changes.** The review revealed that Ad Seg Unit (ASU) 1 and A4 units post proposed changes or changes to the Director's Rules, the DOM, ABs, and memorandums that affect the inmate population. However, these changes were not consistently posted in A5. Only information relating to medical was conspicuously posted.
- **Significant Information on the Isolation/Segregation Profile (CDC 114-A).** The review revealed that a CDC 114-A is maintained for each inmate assigned to the ASUs. However, fish kits, cell inspections, exercise, showers, and yard group designations were not consistently documented.
- **Yard Group Designation on the Inmate Segregation Profile (CDC 114-A1).** The review team reviewed a random sample of 29 CDC 114-A1s. Of the 29 CDC 114-A1s reviewed, 5 records did not contain information regarding the inmate's current yard group designation.

- **Ninety-Day Update of the CDC 114-A1.** The review revealed that in a random sample of 29 CDC 114-A1s reviewed, 6 were not ratable as the inmate had not been on Ad Seg status for a period of time long enough to require a 90-day update. Of the 23 ratable CDC 114-A1s reviewed, 17 (74 percent) documented a 90-day update.
- **Authority for Placement at Lieutenant Level.** Of the 30 records reviewed, 25 (83 percent) contained documentation on the CDC 114-D to confirm the level of the official ordering segregation placement was at the Correctional Lieutenant level or higher. The 5 remaining records documented a Lieutenant (A) as the ordering official.
- **Administrative Review.** Of the 30 records reviewed, 8 documented a late review by a Captain (1 to 8 days), 2 records documented a review conducted the same day as placement into Ad Seg, 1 record did not document a countersignature by an Associate Warden (AW) when the review was conducted by an acting Captain, 1 record documented a same day review by an acting Captain with no countersignature by an AW, and 1 record documented a late countersignature by an AW when the review was conducted by an acting Captain (8 days late),
- **Staff Assistant (SA)/Investigative Employee (IE) on the Administrative Segregation Unit Placement Notice (CDC 114-D).** Of the 30 records reviewed, 4 did not contain complete information of a SA/IE, 1 record documented “to be assigned” rather than identifying a staff member by name in the IE section, and 1 record documented that no SA was required, but then identified a staff member as a SA.
- **Witnesses Documented on the CDC 114-D.** Of the 30 records reviewed, 7 records did not contain documentation of witnesses and left the section blank.
- **Inmate Waiver of 72-hour Preparation Time.** Of the 30 records reviewed, 12 records contain documentation that the inmate had waived the 72-hour time limit absent a signature by the inmate.
- **Hearing Date.** Of the 30 records reviewed, 3 records did not contain documentation that a classification hearing was conducted on a reissued CDC 114-D and 1 record shows that the inmate was seen by ICC prior to the 72-hour time constraint. However, it was absent a signed waiver.
- **Classification Within 10 Days.** Of the 30 records reviewed, 3 records did not show that a classification hearing was conducted on a reissued CDC 114-D, and 3 records showed that the classification hearing was not held within the 10-day time frame (1 to 8 days late).
- **Yard Group Noted on the Classification Chrono (CDC 128-G).** Of the 30 records reviewed, 3 were not ratable as no initial hearing was held on a reissued CDC 114-D. Three records did not contain information on the CDC 128-G of the inmate’s yard group designation.

- **Training.** Of the 429 required specialized training classes, 311 (72 percent) have been taken.
- **Post Orders—Firearms.** Of the 13 post orders (4 yard guns and 9 control booth) reviewed, 3 (23 percent) directed the staff member to read, understand, and become familiar with the departmental Use of Force Policy, CCR, Section 3268.
- **Post Orders—Signatures.** Of the 138 required staff signatures, 101 (73 percent) were present indicating the staff member has read and understands the duties of their post.
- **Post Orders—Staff.** The review revealed that unit supervisors do not consistently ensure that staff have read and signed their post order upon assuming their post.
- **Protective Vests.** The review revealed that not all staff wear a protective vest while in the Ad Seg units as required by policy. In addition, members of the review team were not required to wear protective vests while in the Ad Seg units.

Business Services

Prior Findings: Salary Advances - Eight of the 22 salary advances outstanding over 90 days have had no action taken toward collection. They total \$18,337.47. Accounts Receivable - Thirty-one of the 210 AR's outstanding over 90 days have had no action taken toward collection. These AR's total \$16,252.55. Additionally, AR's are not established timely for employees who have not submitted CDC 998-As. Support Warehouse - Std. Form 115's are incomplete. The forms do not contain the necessary signatures of the requester, approver or receiver. Maintenance/Support Warehouse - Some physical inventory records dated before January 2006 have been located. However, no inventory records could be located for 2006. Property - Property inventory and reconciliation records could not be located to validate that an inventory was conducted in 2007. Additionally, Property Survey Reports could not be located to validate that property was disposed of properly. Non-Drug Medical - The non-drug medical warehouse has the following deficiencies: Inventory reconciliations are not performed; Stock records are not maintained; and Std. 115's are incomplete.

Food Services -

The following deficiencies were noted related to inmate timekeeping in the Main Kitchen, A Satellite and the Minimum Security Facility:

- Initials are used instead of signature
- Inmates are not signed in/out when their shift is beginning and ending
- Initials are used instead of signature
- The CDCR 1697 are incomplete. They are missing the transfer in/out dates and the DMS number
- Exceptional time is not noted

Administrative Concerns: Nepotism occurred in Plant Operations. A father and son report to the same second line supervisor.

Environmental Health and Safety: There was a spill of hydraulic oil on March 17, 2008 and it was not mitigated until March 20, 2008. The site specific Exposure Control Plan has not been reviewed and or updated since 1999. A sharps container for the disposal of bio-hazardous waste is not easily accessible in the A facility clinic.

Internal Control: During the calendar year 2007, 45 employees did not complete and submit the California Form 700. Separation of duties are inadequate when four paymasters are also unit timekeepers. Bank reconciliations tested for a six-month period were not reviewed and signed. Additionally, there are reconciling items on the January 2008 bank reconciliation that have not been resolved and date back to 1994 through June 2007. Separation of duties is inadequate when one M&SS II controls the inventory, orders and distributes supplies and conducts physical inventory counts. Inventory adjustments are not posted by someone independent of the warehouse.

Personnel:

- Two Request for Personnel Action (RPA) were processed without the approval of the Associate Warden of Business Services and the Warden. The appropriate duty statement and organizational chart were missing from every RPA reviewed. Additionally, a Chief Engineer was appointed to a limited term position. However, a permanent appointment was made to fill behind the Chief Engineer's limited term appointment.
- Two employees were appointed to Correctional Sergeant positions without the use of a certification list. Additionally, employment inquiries were not sent to candidates on the list and an old certification list was used to clear a new certification list. Lastly, the two employees were not in reachable ranks on the new list.
- There are 22 Correctional Officers paid out of the 918 blanket. Compounding this issue is that there are no vacant positions to put them in. Also, there are 30 correctional officers on order from future academies and there are two deactivations in which 16.92 correctional officer positions will be cut. Also, twenty-nine of the 107 positions identified on the March 1, 2008 Periodic Position Control Report resulted in over-expending the budget authority.
- Twenty-five percent of Lieutenants and 26 percent of Sergeants did not submit a CDC-998-A for the December pay period. Additionally, Custody supervisors are approving CDC-998-As without appropriate substantiation for military and sick leave.

Trust: There are obsolete checks that have not been properly destroyed. There may be as many as 300-500 checks. Holds on inmate funds are not processed in a timely manner. Eleven holds were sampled and all should have been released. There are 45 outstanding checks over 1 year old that have not been canceled. Procedures do not exist to identify the disposition of uncleared collections. Additionally, supporting documentation for old items is not available.

Information Security

Staff Computing Environment:

- Use Agreements are not on file.
- Annual Self Certification of Information Security Awareness and Confidentiality forms are not on file.
- Information security training is not current.
- Physical locations of CPUs do not agree with the inventory records.

- Staff CPUs are not labeled “No Inmate Access”.
- Staff monitors are visible to inmates.
- Anti virus updates are not current.
- Security patches are not current.

Inmate Computing Environment (Education, Library, Clerks):

- Physical locations of CPUs do not agree with the inventory records.
- CPUs are not labeled as inmate computers.
- Anti virus updates are not current.
- Inmate monitors are not visible to the supervisor.
- Portable media is not controlled.
- Telecommunications access is not restricted.
- Operating system access is not restricted.
- Printer access is not restricted.

Inmate Education Programs

Education Administration: Some teachers and supervisors did not have all of the proper credentials on file. There is no Education Operational Procedure available. There is an Operational Procedure that was written and rewritten several times but it was never approved by COMPAS headquarters staff or the OCE Superintendent. Education staff are not attending Initial Classification Committee meetings. No education orientation packets are given to the inmates when they arrive at the housing unit. There is no Literacy Coordinator or a Transforming Lives Network Coordinator.

There is not High School credit program that follows OCE and State requirements. There is no Inmate Education Advisory Committee established. There was no report of credits earned on the CDCR Form 154s.

The Correctional Offender Management Profiling positions for Alternative Sanctions teachers are not in the proper position numbers. One bridging instructor is currently working for the California Prison Industry Authority (CALPIA) for a 90 day period that begun February 21, 2008 and is being paid out of the Division of Education, Vocations, and Offender Programs (DEVOP) education funds under an agreement between the CALPIA General Manager and the DEVOP Director.

Academic Education: A teacher did not know that he could give elective credits. Also the teacher did not know that OCE has a high school diploma program. None of the teachers had their Test of Adult Basic Education TABE test scores on file. Yet, there was clear evidence that the students were being tested. The TABE testing protocols was not being signed by current staff because the staff was unaware of them. There was not master inventory of test books or answer sheets.

Teachers are not awarding inmates certificates for achievement/completion in Alternative Education Delivery Model (AEDM) programs because the AEDM is not appropriately activated. The Education/Independent Study classes, Education/Work Program classes, Distance Learning classes, and Independent Study classes do not have current course outlines and lesson plans that agree with the OCE approved curriculum because the AEDM is not activated. None of the students are being tracked. No students are assigned to the Pre-Release class.

- inmates are returning to the housing unit before going to the classroom after they are released from the housing unit;
- inmates with institutional job assignments are released before those assigned to education;
- delays in feeding, etc.

Preparation of Appeals: Several appeals are showing a discrepancy between the received dates and due dates on the Form 602 compared to those dates in the IATS program. In some cases, there were no complete dates documented. Several appeals did not have the received, return, and due dates.

Timeframes: Staff complaints are not reviewed and signed by the appropriate administrators and then assigned by the Appeals staff within five working days. For the second-level responses, they are not reviewed and signed by the administrative staff prior to the due date.

[REDACTED]

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

Administrative Segregation Bed Utilization

This review is presented in three separate case groups (i.e. Disciplinary, Safety Concerns Investigation, Prison Gang Investigation).

Of the 62 cases reviewed, 22 (or 35%) were presented to CSR beyond 30 days from the date of initial ICC ASU retention review, and 2 were never made to a CSR. An additional problem is that cases required to be returned to CSRs for further action(s) were not regularly returned to CSRs before the expiration of a specifically given return date. Approximately 49 (or 79%) of the 62 cases reviewed were re-presented to CSRs beyond the approved return dates, and of these cases. The Reviewing Team identified 7 cases that exceeded the return date by approximately 4 to 9 months.

Disciplinary Process: It appears that the information regarding an inmate's decision to postpone or not to postpone the hearing and the progress of the DA referral cases was tracked solely by the Investigation Services Unit (ISU). This information was not regularly documented in the CDC 128-Gs or in any other forms in the Central File. It would be beneficial to the classification review process if classification staff coordinate with ISU in obtaining information regarding the status of these cases for inclusion in the CDC 128-Gs.

Safety Concern investigations: Staff appeared to experience similar problems in this area. Information regarding the status of said investigations was rarely sufficiently documented in the CDC 128-Gs. The time taken to complete the investigations may also have been an issue. Of the 13 Safety Concern cases reviewed, 6 (or 46%) required staff to spend between 75 to 132 days to complete the investigations. The expectation is this time should not exceed 30 calendar days.

Prison Gang Investigation:

ASU Placement to Referral to IGI for Investigation:

Days from ASU placement to IGI investigation assignment being received by IGI ranged from **0** day to **2** days. The average time is **0** days.

(Almost all the cases reviewed were placed in ASU based on prior prison gang validations. The investigations and/or the updates of these cases were normally initiated by the IGI prior to ASU placements.)

Initiation of IGI investigation to Conclusion of Investigation:

Days from IGI investigation assignment to receipt of completed investigation ranged from **5** days to **232** days. The average time is **65** days.

Radio Communication

The review covered 28 different areas. LAC was compliant in 27 areas and partially compliant in 1 area: CMARS System remote was not working.

[REDACTED]

- [illegible]

- [REDACTED]
- [REDACTED]

■ [REDACTED]
[REDACTED]
[REDACTED]

■ [REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

■ [REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

■ [REDACTED]
[REDACTED]

Case Records

Holds, Warrants and Detainers: Of the 31 cases reviewed, 5 cases had holds that had expired or the inmate had been sentenced on the case that generated the warrant.

Of the 31 cases reviewed, none of the warrants received were date stamped. Staff is relying on the date and time on the faxed/teletyped document. Of the 31 cases reviewed, 6 were not processed within the 4 hour time frame (based on the date/time reflected on the faxed/teletyped document), and one did not reflect the date/time staff processed the warrant on the CDC 850. Additionally, the information was not entered into OBIS on one case.

[REDACTED]

[REDACTED]
[REDACTED]
[REDACTED]

[REDACTED]
[REDACTED]
[REDACTED]

[REDACTED]

CALIFORNIA DEPARTMENT OF CORRECTIONS AND REHABILITATION

OFFICE OF AUDITS AND COMPLIANCE

PROGRAM COMPLIANCE REVIEW

REPORT OF FINDINGS

ADMINISTRATIVE SEGREGATION AND DUE PROCESS

CALIFORNIA STATE PRISON,
LOS ANGELES COUNTY

MARCH 10 - 14, 2008

PRELIMINARY

CONDUCTED BY

COMPLIANCE/PEER REVIEW BRANCH



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Review of Administrative Segregation and Due Process

California State Prison, Los Angeles County

INTRODUCTION

This review of administrative segregation (Ad Seg) operations and due process provisions at the California State Prison, Los Angeles County (LAC) was conducted by the Compliance/Peer Review Branch (CPRB), Office of Audits and Compliance, between the dates of March 10-14, 2008. The review team utilized the California Penal Code (PC), California Code of Regulations (CCR), Title 15, California Department of Corrections and Rehabilitation's (CDCR) Department Operations Manual (DOM), CDCR's Use of Force Policy, Administrative Bulletins (AB) 95/3R and 99/03, and Information Bulletins (IB) as the primary sources of operational standards. In addition, applicable court-ordered minimum standards established under **Toussaint v. Gomez** were used in this review as a benchmark for litigation avoidance.

This review was conducted by Tony Alleva, Facility Captain; Dave Stark, Correctional Counselor II; Mike Brown, Correctional Lieutenant; Al Sisneros, Correctional Lieutenant; Charles Lester, Correctional Lieutenant; and Nancy Fitzpatrick, Associate Governmental Program Analyst, of the CPRB.

The review consisted of an on-site inspection, interviews with staff and inmates, reviews of procedures and other documentation, and observation of institutional operations.

The purpose of the CPRB review is one of overall analysis and evaluation of the Institution's compliance with the terms and conditions of State regulations and court-established standards.

Each area was reviewed by a minimum of two primary reviewers and cross-verified by other members of the team as possible. Overall, findings presented in the attached report represent the consensus of the entire review team.

Review of Administrative Segregation and Due Process

California State Prison, Los Angeles County

REVIEW SCOPE AND METHODOLOGY

The CPRB conducted an on-site review at LAC during the period of March 10-14, 2008. The purpose of this review was to assess the level of compliance with established State regulations and court-established standards in the areas of Ad Seg operations and due process provisions. This review and the attached findings represent the formal review of LAC's compliance by the CPRB.

The scope and methodology of this review was based upon written review procedures developed by the CPRB and provided to LAC's staff in advance of the review.

Random sampling techniques were employed as an intrinsic part of the review process. For the purposes of this review, facilities were toured by members of the review team, cell and tier inspections were conducted in the units, and randomly selected inmates were informally interviewed based upon their interest and willingness to talk to the reviewers.

Throughout the tour, on-duty staff at all levels (medical, counseling, management, administration, custody, and non-custody) were interviewed regarding current practices.

A random sample of 30 central files was reviewed. Using "point-in-time" methodology, files were evaluated against all administrative requirements pertaining to the documents contained in those files.

Review of Administrative Segregation and Due Process

California State Prison, Los Angeles County

EXECUTIVE SUMMARY

During this formal review of compliance with State regulations and court-established standards regarding Ad Seg operations and due process provisions at LAC, the Facility was found to be in compliance with 51 (73 percent) of the 70 ratable areas. No areas were found to be not ratable during this period.

Areas of concern were found in the following areas:

- **Exercise.** The walk-alone yard group designation in A4 and A5 is only receiving 6 to 8 hours of outdoor exercise per week.
- **Quarterly Fire Drills.** Of the 36 required drills, 16 (44 percent) were documented.
- **Rule Changes.** The review revealed that Ad Seg Unit (ASU) 1 and A4 units post proposed changes or changes to the Director's Rules, the DOM, ABs, and memorandums that affect the inmate population. However, these changes were not consistently posted in A5. Only information relating to medical was conspicuously posted.
- **Significant Information on the Isolation/Segregation Profile (CDC 114-A).** The review revealed that a CDC 114-A is maintained for each inmate assigned to the ASUs. The CDC 114-As were found to contain significant information, in chronological order, relating to the inmate during the course of segregation. However, fish kits, cell inspections, exercise, showers, and yard group designations were not consistently documented.
- **Yard Group Designation on the Inmate Segregation Profile (CDC 114-A1).** The review team reviewed a random sample of 29 CDC 114-A1s. Of the 29 CDC 114-A1s reviewed, 3 were not ratable as the inmate had not yet been to Institution Classification Committee (ICC). Of the 26 ratable CDC 114-A1s reviewed, 21 (81 percent) documented the inmate's current yard group designation. The 5 remaining records did not contain this information.
- **Ninety-Day Update of the CDC 114-A1.** The review revealed that in a random sample of 29 CDC 114-A1s reviewed, 6 were not ratable as the inmate had not been on Ad Seg status for a period of time long enough to require a 90-day update. Of the 23 ratable CDC 114-A1s reviewed, 17 (74 percent) documented a 90-day update.

- **Authority for Placement at Lieutenant Level.** Of the 30 records reviewed, 25 (83 percent) contained documentation on the CDC 114-D to confirm the level of the official ordering segregation placement was at the Correctional Lieutenant level or higher. The 5 remaining records documented a Lieutenant (A) as the ordering official.
- **Administrative Review.** Of the 30 records reviewed, 17 (57 percent) contained documentation of a placement review by a Captain within the first working day following the inmate's placement in Ad Seg. Of the 13 remaining records, 8 documented a late review by a Captain (1 to 8 days), 2 records documented a review conducted the same day as placement into Ad Seg, 1 record did not document a countersignature by an Associate Warden (AW) when the review was conducted by an acting Captain, 1 record documented a same day review by an acting Captain with no countersignature by an AW, and 1 record documented a late countersignature by an AW when the review was conducted by an acting Captain (8 days late),
- **Staff Assistant (SA)/Investigative Employee (IE) on the Administrative Segregation Unit Placement Notice (CDC 114-D).** Of the 30 records reviewed, 24 (80 percent) contained documentation of a determination for the assignment of a SA/IE. Of the 6 remaining records, 4 did not contain complete information in this section, 1 record documented "to be assigned" rather than identifying a staff member by name in the IE section, and 1 record documented that no SA was required, but then identified a staff member as SA.
- **Witnesses Documented on the CDC 114-D.** Of the 30 records reviewed, 23 (77 percent) contained documentation regarding the need for witnesses. The 7 remaining records left this section blank.
- **Inmate Waiver of 72-hour Preparation Time.** Of the 30 records reviewed, 18 (60 percent) contained documentation that the inmate made a determination regarding the 72-hour time limit or had refused to sign the waiver section. The 12 remaining records documented the inmate had waived the 72-hour time limit absent a signature by the inmate.
- **Hearing Date.** Of the 30 records reviewed, 26 (87 percent) contained documentation that the hearing time frames were appropriate based on the inmate's request. Of the 4 remaining records, 3 did not document that a classification hearing was conducted on a reissued CDC 114-D and 1 record documented the inmate was seen by ICC prior to the 72-hour time constraint absent a signed waiver.
- **Classification Within 10 Days.** Of the 30 records reviewed, 24 (80 percent) contained documentation of an ICC review within 10 days of an inmate's placement in Ad Seg. Of the 6 remaining records, 3 did not document a classification hearing was conducted on a reissued CDC 114-D and 3 records documented that the classification hearing was not held within the 10-day time frame (1 to 8 days late).

- **Yard Group Noted on the Classification Chrono (CDC 128-G).** Of the 30 records reviewed, 3 were not ratable as no initial hearing was held on a reissued CDC 114-D. Of the 27 ratable records, 24 (89 percent) contained documentation of the inmate's yard group designation on the CDC 128-G. The 3 remaining records did not contain this information.
- **Training.** Documentation was provided indicating that 39 custody staff have been assigned to the Ad Seg units for one year or more. These 39 staff members are each required to have received 11 specialized training classes. Of the 429 required specialized training classes, 311 (72 percent) have been taken.
- **Post Orders—Firearms.** The review revealed that there are 13 identified gun posts (4 yard guns and 9 control booth) that require use of force policies be addressed as part of the post orders. Of the 13 post orders reviewed, 3 (23 percent) directed the staff member to read, understand, and become familiar with the departmental Use of Force Policy, CCR, Section 3268. In addition, none of the 4 identified yard gun positions referenced or identified deadly or nondeadly weaponry to be maintained on the post. The post orders were in a generic format.
- **Post Orders—Signatures.** The review revealed that there are 108 staff assigned to the 73 Ad Seg posts. Of the 138 required staff signatures, 101 (73 percent) were present indicating the staff member has read and understands the duties of their post.
- **Post Orders—Staff.** The review revealed that unit supervisors do not consistently ensure that staff have read and signed their post order upon assuming their post.
- **Protective Vests.** The review revealed that not all staff wear a protective vest while in the Ad Seg units as required by policy. In addition, members of the review team were not required to wear protective vests while in the Ad Seg units.

A complete description of these finding areas may be found in the narrative section of this report.

Review of Administrative Segregation and Due Process

California State Prison, Los Angeles County

COMPLIANCE RATING BY SUBJECT AREA

SECTION REVIEWED	NO. OF ITEMS REVIEWED	NO. IN COMPLIANCE	SECTION SCORE
Conditions of Segregated Housing	30	24	80%
Due Process	22	14	64%
Administration	10	5	50%
Use of Force	8	8	100%

Review of Administrative Segregation and Due Process

California State Prison, Los Angeles County

SUMMARY CHART (SYMBOL DEFINITIONS)

The following chart represents individual review findings in relation to the CCR, Title 15, DOM, PC, and ABs. In addition, applicable court-ordered minimum standards established under Toussaint v. Gomez are being used in this review as a benchmark for litigation avoidance.

Each of the items is rated as to whether or not the Institution is in compliance. The chart uses the following symbols to denote compliance ratings:

SYMBOL	DEFINITION
Compliance (C)	The requirement is being met.
Partial Compliance (P/C)	The institution is clearly attempting to meet the requirement, but significant discrepancies currently exist.
Noncompliance (N/C)	The institution is clearly not meeting the requirement.
Not Applicable (N/A)	Responsibility for compliance in this area is not within the authority of this institution.
Not Ratable (N/R)	No measurable instances.

At the end of the chart is a Comparative Statistical Summary Chart of Review Findings. This summary presents a mathematical breakdown of compliance by total items and percentages (%).

Review of Administrative Segregation and Due Process

California State Prison, Los Angeles County

SUMMARY CHART

REVIEW STANDARD	REVIEW FINDING 2/06	REVIEW FINDING 3/08	PAGE NO.
I. CONDITIONS OF SEGREGATED HOUSING			
1. Living Conditions.	C	C	
a. Housekeeping and Maintenance.	C	C	
b. Vector Control.	C	C	
2. Restrictions.	C	C	
3. Clothing.	C	C	
4. Meals.	C	C	
5. Mail.	C	C	
6. Visits.	C	C	
7. Personal Cleanliness.			
a. Showering.	C	C	
b. Haircuts.	C	C	
c. Laundry Items.	C	C	
8. Exercise.	P/C	P/C	
9. Reading Material.	C	C	
10. Rule Changes.	C	P/C	

REVIEW STANDARD	REVIEW FINDING 2/06	REVIEW FINDING 3/08	PAGE NO.
11. Telephones.	C	C	
12. Institution Programs and Services.	C	C	
13. Visitation and Inspection.	C	C	
a. Medical Attention.	C	C	
14. Management Cells.			
a. Placement.	C	C	
b. Reporting.	C	C	
c. Transfer.	C	C	
15. Access to the Courts.	C	C	
16. Ad Seg Log.	C	C	
17. The CDC 114-A.			
a. All significant information documented.	C	P/C	
b. CDC 114-A1 notes yard group designation.	C	P/C	
c. The CDC 114-A1 notes special information.	C	C	
d. The CDC 114-A1 is updated every 90 days.	C	P/C	
18. Safety.			
a. Fire Safety.	C	C	
b. Quarterly Fire Drills.	C	N/C	
c. Documentation.	C	C	

REVIEW STANDARD	REVIEW FINDING 2/06	REVIEW FINDING 3/08	PAGE NO.
II. DUE PROCESS			18
1. Authority.	C	P/C	18
2. Written Notice.	C	C	18
3. Receipt of the CDC 114-D.	C	C	19
4. Confidential Material.	C	C	19
5. Review.	P/C	P/C	20
a. Staff Assistance.	C	P/C	21
b. Witnesses.	P/C	P/C	21
c. Inmate Waiver of Time Limitations.	P/C	P/C	22
d. Hearing Time Constraints.	C	P/C	22
e. Decision.	C	C	23
6. Hearing Within 10 Days.	C	P/C	23
a. Determinations documented on the CDC 128-G.	C	C	24
b. Hearing Date.	C	C	24
c. Inmate Presence.	C	C	25
d. Hearing Officer.	C	C	25
e. SA/IE on the CDC 128-G.	P/C	C	25
f. Witnesses on the CDC 128-G.	C	C	26
g. The CDC 128-G notes yard group designation.	C	P/C	27

REVIEW STANDARD	REVIEW FINDING 2/06	REVIEW FINDING 3/08	PAGE NO.
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h. Cell Status.	C	C	
i. Participation.	C	C	
7. Classification Review.	C	C	
8. Classification Staff Representative (CSR) Review.	C	C	

III. ADMINISTRATION			
1. Training.	C	P/C	
2. The ICC.	C	C	
3. Record of Disciplinary.	C	C	
4. Post Orders-Firearms.	C	N/C	
5. Post Order-Job Site.	C	C	
6. Post Order-Staff.	C	N/C	
a. Signing of Post Orders.	C	N/C	
b. Supervisor Inspection.	C	C	
c. Post Order-Acknowledgment.	C	C	
7. Protective Vests.	P/C	P/C	

REVIEW STANDARD	REVIEW FINDING 2/06	REVIEW FINDING 3/08	PAGE NO.
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IV. USE OF FORCE			
1. Extraction.	C	C	
a. Videotape Recording.	C	C	
b. Prior authorization for use of Oleoresin Capsicum (OC).	C	C	
2. Use of OC.	C	C	
3. Decontamination.	C	C	
4. Use of Force/Reasonable Force.	C	C	
5. Reporting Force.	C	C	
6. Reviewing Force.	C	C	

Formal Review of Administrative Segregation and Due Process

California State Prison, Los Angeles County

COMPARATIVE STATISTICAL SUMMARY CHART

FEBRUARY 2006—MARCH 2008 REVIEW FINDINGS

RATING	TOTAL 2/05	RATING % 2/05	TOTAL 3/08	RATING % 3/08
COMPLIANCE	64	91%	51	73%
PARTIAL COMPLIANCE	6	9%	15	21%
NONCOMPLIANCE	0		4	6%
NOT APPLICABLE	0		0	
NOT RATABLE	0		0	
TOTAL	70	100%	70	100%

Formal Review of Administrative Segregation and Due Process

California State Prison, Los Angeles County

SUMMARY OF FACILITIES REVIEWED

The LAC includes 592 Ad Seg unit beds in this Level I, III, IV, and Reception Center Facility. At the time of this review, the Facility was housing 465 Ad Seg inmates.

For the purposes of the review, the CPRB toured the Ad Seg units, reviewed unit records, and interviewed unit staff to determine the degree of compliance with established departmental policy, procedures, guidelines, and relevant court-established standards.

I

CONDITIONS OF SEGREGATED HOUSING

1. **Living Conditions.** In keeping with the special purpose of a segregated housing unit, and with the degree of security, control, and supervision required to serve that purpose, the physical facilities of special purpose segregated housing will approximate those of the general population.
(Authority cited: PC, Sections 2084, 5054, and 5058. Reference: CCR, Title 15, Sections 3343(a) and 3345; and DOM, Section 52080.33.)

Findings

COMPLIANCE

The CPRB toured LAC's Ad Seg units, examined unit documentation, and interviewed unit staff and inmates.

The review revealed that the physical facilities of LAC's Ad Seg units approximate those of the general population.

- a. Housing units and all facilities therein will be properly maintained and regularly inspected to insure human decency and sanitation.
(Reference: CCR, Title 15, Section 3345.)

Findings

COMPLIANCE

The CPRB toured LAC's Ad Seg units, examined unit documentation, and interviewed unit staff and inmates.

The review revealed that inmates housed in LAC's Ad Seg units are provided a clean, properly maintained cell that approximates those of general population inmates. Repair requests are generated in the units and forwarded to Plant Operations when repairs are needed. In addition, regularly scheduled maintenance is provided. Emergency work requests, health, and safety issues are completed immediately. It should be noted that the individual exercise units in A4 have broken pipes for water, which requires the Officer to turn on the water every 30 minutes. Interviews with staff indicate that this problem has existed since December 2007.

- b. Control of vermin and pests will be maintained by a regular inspection by the institutional vector control.
(Authority cited: Toussaint v. McCarthy. Reference: CCR, Title 15, Section 3345.)

Findings

COMPLIANCE

The CPRB toured LAC's Ad Seg units, examined unit documentation, and interviewed unit staff and inmates.

The review revealed that LAC's Ad Seg units control vermin and pests by conducting regular inspections of the units. Regular inspections and pesticide applications provide for the control of vermin and pests. In case of an infestation, the Ad Seg unit Sergeants notify Plant Operations and the situation is responded to immediately.

2. **Restrictions.** Whenever an inmate in Ad Seg is deprived of any usually authorized item or activity and the action and reason for that action is not otherwise documented and available for review by administrative and other concerned staff, a report of the action will be made and forwarded to the unit administrator as soon as possible.
(Authority cited: PC, Section 5058. Reference: CCR, Title 15, Section 3343(b); and DOM, Section 52080.33.1.)

Findings

COMPLIANCE

The CPRB toured LAC's Ad Seg units, examined unit documentation, and interviewed unit staff and inmates.

The review revealed that unit staff uses an Information Chrono (CDC 128-B) and Notice of Unusual Occurrence to notify administration of restrictions imposed, as required.

3. **Clothing.** No inmate in Ad Seg will be required to wear clothing that significantly differs from that worn by other inmates in the unit, except that temporary adjustments may be made in an inmate's clothing as is necessary for security reasons or to protect the inmate from self-inflicted harm. No inmate will be clothed in any manner intended to degrade the inmate.
(Authority cited: PC, Sections 2084 and 5058. Reference: CCR, Title 15, Section 3343(c); and DOM, Section 52080.33.2.)

Findings

COMPLIANCE

The CPRB toured LAC's Ad Seg units, examined unit documentation, and interviewed unit staff and inmates.

The review revealed no instances wherein inmates housed in the Ad Seg units were required to wear clothing that significantly differed from that worn by other inmates in the units; nor were inmates clothed in a manner intended to degrade or humiliate. In addition, inmates housed in the Ad Seg units receive jackets during inclement weather for use on the outside exercise yard.

4. **Meals.** Inmates assigned to Ad Seg, including special purpose segregated housing, will be fed the same meal and ration as is provided for inmates of the general population, except that a sandwich meal may be served for lunch. Deprivation of food will not be used as punishment.
(Authority cited: PC, Sections 2084 and 5058. Reference: CCR, Title 15, Section 3343(d); and DOM, Section 52080.33.3.)

Findings

COMPLIANCE

The CPRB toured LAC's Ad Seg units, reviewed unit documentation, reviewed menu plans, interviewed unit staff and inmates, and observed the evening meal.

The review revealed that inmates housed in the Ad Seg units are receiving the same meals and rations as provided for the general population inmates. No examples of food deprivation were found in the units.

Food items are prepared in the satellite kitchen in bulk hotel pans and transported to units A4 and A5 where staff prepare and serve individual trays to the inmate population. In ASU 1, individual serving trays are prepared in the satellite kitchen, delivered to the unit in hot carts, and issued to the inmate population by unit staff.

5. **Mail.** Inmates assigned to Ad Seg, including special purpose segregated housing, will not be restricted in their sending and receiving of personal mail, except that incoming packages may be limited in number, and in content, to that property permitted in the segregated unit to which an inmate is assigned.
(Authority cited: PC, Section 5058. Reference: CCR, Title 15, Sections 3138 and 3343(e); and DOM, Section 52080.33.4.)

Findings

COMPLIANCE

The CPRB toured LAC's Ad Seg units, examined unit documentation, and interviewed unit staff and inmates.

The review revealed that inmates housed in the Ad Seg units are not restricted from either sending or receiving personal mail, except those restrictions as defined in the CCR.

6. **Visits.** Inmates assigned to segregated housing, except for inmates assigned to security housing units (SHU), in accordance with Section 3341.5, shall be permitted to visit under the same conditions as are permitted inmates of the general population. Inmates assigned to SHUs shall be prohibited from physical contact with visitors.
(Authority cited: PC, Section 5058. Reference: CCR, Title 15, Section 3343(f); and DOM, Section 52080.33.5.)

Findings

COMPLIANCE

The CPRB toured LAC's Ad Seg units, examined unit documentation, and interviewed unit staff and inmates.

The review revealed that all Ad Seg inmates are restricted to noncontact visits. The review team found the LAC Ad Seg visiting process to be in accordance with current departmental and institutional policy and procedures.

7. **Personal Cleanliness.** Inmates assigned to Ad Seg, including special purpose segregated housing, will be provided the means to keep themselves clean and well groomed.
(Authority cited: PC, Section 5058. Reference: CCR, Title 15, Section 3343(g); and DOM, Section 52080.33.6.)
 - a. Showering and shaving will be permitted at least three times a week.

Findings

COMPLIANCE

The CPRB toured LAC's Ad Seg units, examined unit documentation, and interviewed unit staff and inmates.

The review revealed that shower facilities exist in the Ad Seg units and on the Building A4 exercise yard. Ad Seg inmates are provided the opportunity to shower three times per week. Razors for shaving are provided during shower periods.

- b. Haircuts will be provided as needed.

Findings

COMPLIANCE

The CPRB toured LAC's Ad Seg units, examined unit documentation, and interviewed unit staff and inmates.

The review revealed that haircutting equipment is provided, upon request, for use on the exercise yard.

- c. Clothing, bed linen, and other laundry items will be issued and exchanged no less often than is provided for general population inmates.

Findings

COMPLIANCE

The CPRB toured LAC's Ad Seg units, examined unit documentation, and interviewed unit staff and inmates.

The review revealed that clothing, bed linen, and other laundry items are routinely issued upon reception in the Ad Seg units. These laundry items are exchanged weekly.

8. **Exercise.** Inmates assigned to special purpose segregation housing will be permitted a minimum of one hour per day, five days a week, of exercise outside their rooms or cells unless security and safety considerations preclude such activity. When special purpose SHUs are equipped with their own recreation yard, the yard periods may substitute for other out of cell exercise periods, providing the opportunity for use of the yard is available at least three days per week for a total of not less than ten hours a week.
(Authority cited: PC, Section 5058. Reference: CCR, Title 15, Section 3343(h).)

Findings

PARTIAL COMPLIANCE

The CPRB toured LAC's Ad Seg units, examined unit documentation, and interviewed unit staff and inmates.

The review revealed that LAC provides controlled compatible, reintegrated mixed, and walk-alone yard group designations. Inmates from all yard group designations housed in the ASU 1, exercise in Individual Exercise Units, and are offered the opportunity to exercise 3 times per week, 3.5 hours per period, for a total of ten hours per week. In units A4 and A5, the controlled compatible and reintegrated mixed yard group designations are being offered the required 10 hours of outdoor exercise per week. However, the walk-alone yard group designation is only receiving 6 to 8 hours of outdoor exercise per week.

9. **Reading Material.** Inmates assigned to Ad Seg, including special purpose segregated housing, will be permitted to obtain and possess the same publications, books, magazines, and newspapers, as are inmates of the general population, except that the quantity may be limited for safety and security reasons. Library services will be provided and will represent a cross-section of material available to the general population.
(Authority cited: PC, Section 5058. Reference: CCR, Title 15, Section 3343(i).)

Findings

COMPLIANCE

The CPRB toured LAC's Ad Seg units, examined unit documentation, and interviewed unit staff and inmates.

The review revealed that Ad Seg inmates are provided library books. The books are maintained in the units and/or are requested from the library. Staff distributes reading material on Second and Third Watches.

10. **Rule Changes.** The Notice of Change to the CCR shall be posted and made available to all inmates and staff. Notices shall be posted in inmate housing units, corridors, and other areas easily accessible to inmates, and provided to inmate lock-up units. The Classification and Parole Representative shall ensure that the inmate population has knowledge of the Board of Prison Terms/Narcotic Addiction Evaluation Authority Rules and of amendments.
(Authority cited: PC, Sections 2080 and 5058(a). Reference: DOM, Sections 12010.5.8 and 12010.8.)

Findings

PARTIAL COMPLIANCE

The CPRB toured LAC's Ad Seg units, examined unit documentation, and interviewed unit staff and inmates.

The review revealed that ASU 1 and A4 units post proposed changes or changes to the Director's Rules, the DOM, ABs, and memorandums that affect the inmate population. However, these changes were not consistently posted in A5. Only information relating to medical were conspicuously posted.

11. **Telephones.** Institutions will establish procedures for the making of outside telephone calls by inmates in Ad Seg. Such procedures will approximate those for the work/training incentive group to which the inmate is assigned, except that

individual calls must be approved by the supervisor in charge or the administrator of the unit before a call is made.

(Authority cited: PC, Section 5058. Reference: CCR, Title 15, Section 3343(j).)

Findings

COMPLIANCE

The CPRB toured LAC's Ad Seg units, examined unit documentation, and interviewed unit staff and inmates.

The review revealed that LAC provides Ad Seg inmates telephone usage pursuant to the CCR, Title 15, Section 3343, (j). This includes emergency usage only.

12. **Institution Programs and Services.** Inmates assigned to segregate housing units will be permitted to participate and have access to such programs and services as can be reasonably provided within the unit without endangering the security or the safety of persons. Such programs and services will include, but are not limited to: education, commissary, library services, social services, counseling, religious guidance, and recreation.
(Authority cited: PC, Section 5058. Reference: CCR, Title 15, Section 3343(k).)

Findings

COMPLIANCE

The CPRB toured LAC's Ad Seg units, examined unit documentation, and interviewed unit staff and inmates.

The review revealed that LAC provides programs to include commissary, library services, recreation, and spiritual counseling. In addition, religious publications are provided upon request.

13. **Visitation and Inspection.** Inmates assigned to Ad Seg, including special purpose segregated units, will be seen daily by the custodial supervisor in charge of the unit and by a physician, registered nurse, or medical technical assistant and, by request, members of the program staff. A timely response should be given to such requests wherever reasonably possible.
(Authority cited: PC, Section 5058. Reference: CCR, Title 15, Section 3343(l).)

Findings

COMPLIANCE

The CPRB toured LAC's Ad Seg units, examined unit documentation, and interviewed unit staff and inmates.

The review revealed that a custody supervisor is assigned to the Ad Seg units on both Second and Third Watches. In addition, management staff is available for interviews prior to the ICC hearings and CDC 114-D administrative reviews. The Program Sergeant tours the units during First Watch to ensure any emergency is properly addressed. Medical/Psychiatric staff are assigned in the units on Second and Third Watches passing out medication, collecting sick call slips, and screening for medical and mental health needs.

- a. The custodial officer in charge of a disciplinary detention unit, segregation unit, or SHU, where inmates are segregated for disciplinary or administrative purposes, will ensure that inmates needing medical attention receive it promptly.
(Authority cited: PC, Sections 5054 and 5058. Reference: CCR, Title 15, Section 3345.)

Findings

COMPLIANCE

The CPRB toured LAC's Ad Seg units, examined unit documentation, and interviewed unit staff and inmates.

The review revealed that the unit custody staff notify the medical staff assigned to the units in the event of any medical situation or emergency. The general medical treatment line is conducted on Tuesdays, Wednesdays, and Fridays in Units A4 and A5 and on Tuesdays and Fridays in ASU 1. The medical staff assigned to the Correctional Treatment Center respond to First Watch medical emergencies. In addition, as stated above, the medical and psychiatric staff are assigned to the units daily.

14. **Management Cells.** Inmates assigned to segregated housing, who persist in disruptive, destructive, and dangerous behavior, and will not heed or respond to orders and warnings to desist, are subject to placement in a management cell, as provided in CCR, Title 15, Section 3332(f).
(Authority cited: PC, Sections 2601(d), 5054, and 5058. Reference: CCR, Title 15, Section 3343(m).)
 - a. An inmate who persists in unduly disruptive, restrictive, or dangerous behavior, and who will not heed or respond to orders and warnings to desist from such activity, may be placed in a management cell on an order of the unit's administrator or, in his or her absence, an order of the watch commander.

Findings

COMPLIANCE

The CPRB toured LAC's Ad Seg units, examined unit documentation, and interviewed unit staff and inmates.

The review revealed that LAC maintains management cells. These cells are utilized to house inmates who persist in disruptive, destructive, and dangerous behavior. Placement on management cell status is at the direction of the Ad Seg Lieutenant, Facility Captain, or Administrative Office of the Day (AOD).

- b. In addition to any necessary incident or disciplinary reports, the matter will be reported to the Warden, Superintendent, Chief Disciplinary Officer, or AOD, one of whom will review management cell resident status daily.

Findings

COMPLIANCE

The CPRB toured LAC's Ad Seg units, examined unit documentation, and interviewed unit staff and inmates.

The review revealed that the Facility Captain or AOD reviews the inmate's management cell status daily.

- c. An inmate, who requires management cell placement for longer than 24 hours, will be considered for transfer to a psychiatric management unit or other housing appropriate to the inmate's disturbed state.
(Reference: CCR, Title 15, Section 3332(f); and DOM, Section 52080.22.4.)

Findings

COMPLIANCE

The CPRB toured LAC's Ad Seg units, examined unit documentation, and interviewed unit staff and inmates.

The review revealed that a Psychiatric Technician is available in the Ad Seg unit seven days per week. This staff member has the ability to assess inmates placed on management cell status and make appropriate referrals as needed.

15. **Access to the Courts.** Inmates confined in Ad Seg for any reason will not be limited in their access to the courts. If an inmate's housing restricts him or her from going to the inmate law library, arrangements will be made to deliver requested and available library material to the inmate's quarters.
(Authority cited: PC, Sections 5054 and 5058. Reference: CCR, Title 15, Sections 3164(a) and (d); DOM, Section 53060.10; and Toussaint v. Gomez.)

Findings

COMPLIANCE

The CPRB toured LAC's Ad Seg units, examined unit documentation, and interviewed unit staff and inmates.

The review revealed LAC's Ad Seg units provide direct and paging access to a law library. Inmates submit written requests for law library services. Requests are processed and access times for inmates requesting service are established. Preferred legal users and inmates with court deadlines receive priority access.

16. **Ad Seg Log.** An Isolation Log Book (CDC 114) will be maintained in each Ad Seg unit, including special purpose segregated units. One CDC 114 may serve two or more special purpose units which are administered and supervised by the same staff members.
(Authority cited: PC, Sections 5054 and 5058. Reference: CCR, Title 15, Section 3344(a); and DOM, Section 52080.22.5.)

Findings

COMPLIANCE

The CPRB toured LAC's Ad Seg units, examined unit documentation, and interviewed unit staff.

The review revealed that a CDC 114 is maintained within the units. All entries are appropriately recorded in accordance with departmental policy and procedures.

17. **Isolation/Segregation Record.** A separate record will be maintained for each inmate assigned to Ad Seg, including special purpose segregated units. This record will be compiled on the CDC 114-A, and the CDC 114-A1.
(Authority cited: PC, Sections 5054 and 5058. Reference: CCR, Title 15, Section 3344(b); DOM, Section 52080.22.5; and IB 98/27.)

- a. All significant information relating to the inmate during the course of segregation, from reception to release, will be entered on the CDC 114-A in chronological order.

Findings

PARTIAL COMPLIANCE

The CPRB toured LAC's Ad Seg units, examined unit documentation, and interviewed unit staff.

The review revealed that a CDC 114-A is maintained for each inmate assigned to the Ad Seg units. The CDC 114-As were found to contain significant information, in chronological order, relating to the inmate during the course of segregation. However, fish kits, cell inspections, exercise, showers, and yard group designations were not consistently documented.

- b. The CDC 114-A1 documents the inmate's current yard group designation.

Findings

PARTIAL COMPLIANCE

The CPRB toured LAC's Ad Seg units, examined unit documentation, and interviewed unit staff.

The review team reviewed a random sample of 29 CDC 114-A1s. Of the 29 CDC 114-A1s reviewed, 3 were not ratable as the inmate had not yet been to ICC. Of the 26 ratable CDC 114-A1s reviewed, 21 (81 percent) documented the inmate's current yard group designation. The 5 remaining records did not contain this information.

- c. The CDC 114-A1 documents the inmate's special information.

Findings

COMPLIANCE

The CPRB toured LAC's Ad Seg units, examined unit documentation, and interviewed unit staff.

The review revealed that of the 29 randomly selected CDC 114-A1s reviewed, each (100 percent) documented the inmate's special information.

- d. The CDC 114-A1 will be maintained in the segregation log and be updated as new information is obtained. The Segregation Officer shall begin a new CDC 114-A1 at least every 90 days or at anytime this form becomes difficult to read.

Findings

PARTIAL COMPLIANCE

The CPRB toured LAC's Ad Seg units, examined unit documentation, and interviewed unit staff.

The review revealed that in a random sample of 29 CDC 114-A1s reviewed, 6 were not ratable as the inmate had not been on Ad Seg status for a period of time long enough to require a 90-day update. Of the 23 ratable CDC 114-A1s reviewed, 17 (74 percent) documented a 90-day update.

- 18. **Safety.** Each Warden and Superintendent must have in effect, at all times, a plan approved by the Director for meeting emergencies delineated and required by the California Emergency Services Act of 1970.
(Authority cited: PC, Sections 5454 and 5458. Reference: CCR, Title 15, Sections 3302(b)(4) and 3303(a)(4); and DOM, Sections 52090.1, 2, 5, 6.1, 7, and 52090.19.)
 - a. Institution heads shall maintain procedures for fire prevention and suppression. Fire protection practices and departmental policy mandate that all employees be instructed and trained concerning their duties and

responsibilities should it become necessary to conduct an emergency evacuation for any fire or life threatening condition.

(Reference: CCR, Title 15, Section 3303(a); and DOM, Section 2090.19.)

Findings

COMPLIANCE

The CPRB toured LAC's Ad Seg units, examined unit documentation, and interviewed unit staff.

The review revealed that LAC maintains a written policy, which specifies the units' fire prevention regulations and practices.

- b. Staff and inmates shall be familiar with fire evacuation routes, exits, and procedures. An evacuation drill shall be conducted quarterly on each watch. Where such drills would jeopardize personal safety or Facility security, staff shall conduct a walk-through of the procedure. Such walk-through drills shall be monitored by the area supervisor to ascertain that actual evacuation could be accomplished as required.

(Reference: CCR, Title 15, Section 3303(a); and DOM, Section 52090.19.)

Findings

NONCOMPLIANCE

The CPRB toured LAC's Ad Seg units, examined unit documentation, and interviewed unit staff.

The review revealed that staff are trained with emergency evacuation plan procedures. Evacuation routes are conspicuously posted within the units. Documentation was not present to support that quarterly simulated emergency fire drills are being conducted under varied conditions and during all three watches. Of the 36 required drills, 16 (44 percent) were documented.

- c. At the conclusion of fire drills, the area supervisor shall complete a Fire Drill Report (DS 5003) indicating the necessary information and forward a copy to the Fire Chief.

(Reference: CCR, Title 15, Section 3303(a)(4); and DOM, Section 52090.19.)

Findings

COMPLIANCE

The CPRB toured LAC's Ad Seg units, examined unit documentation, and interviewed unit staff.

The review revealed that each of the 36 quarterly fire drills conducted was recorded on a DS 5003 and forwarded to the Fire Chief as required.

II

DUE PROCESS

Procedural safeguards essential for effective transfers of prisoners from the general prison population to a maximum security unit in order to segregate such prisoners for administrative reasons or purposes.

1. **Authority.** Authority to order an inmate to be placed in Ad Seg, before such action is considered and ordered by a classification hearing, may not be delegated below the staff level of Correctional Lieutenant, except when a lower level staff member is the highest ranking official on duty.
(Authority cited: PC, Sections 5054 and 5058. Reference: CCR, Title 15, Section 3336; and DOM, Section 52080.25.)

Findings

PARTIAL COMPLIANCE

The CPRB examined 30 central files of inmates housed in LAC's Ad Seg units.

Of the 30 records reviewed, 25 (83 percent) contained documentation on the CDC 114-D to confirm the level of the official ordering segregation placement was at the Correctional Lieutenant level or higher. The 5 remaining records documented a Lieutenant (A) as the ordering official.

2. **Written Notice.** The reason for ordering an inmate's placement in Ad Seg will be clearly documented on a CDC 114-D by the official ordering the action at the time the action is taken.
(Authority cited: PC, Sections 5054 and 5058. Reference: CCR, Title 15, Section 3336(a); DOM, Section 52080.25; and IB 98/27.)

Findings

COMPLIANCE

The CPRB examined 30 central files of inmates housed in LAC's Ad Seg units.

Of the 30 records reviewed, 29 (97 percent) contained a clearly stated date and reason(s) for placement on the CDC 114-D. The 1 remaining record did not mark the appropriate box indicating the use of confidential information as the basis for placement, nor did this record contain a date of disclosure.

3. **Receipt of CDC 114-D.** A copy of the CDC 114-D with the "order" portion of the form completed, will, if practical, be given to the inmate prior to placement in Ad Seg, but not later than 48 hours after such placement.
(Authority: PC, Sections 5054 and 5058. Reference: CCR, Title 15, Sections 3336(d) and 3339(b)(1); and DOM, Section 52080.25.)

Findings

COMPLIANCE

The CPRB examined 30 central files of inmates housed in LAC's Ad Seg units.

Of the 30 records reviewed, 28 (93 percent) contained documentation that indicated the inmates were given a copy of the CDC 114-D within 48 hours of placement. Of the 2 remaining records, 1 left this section blank and 1 documented that the copy was given to the inmate one day late.

4. **Confidential Material.** Documentation given the inmate concerning information from a confidential source shall include an evaluation of the source's reliability, a brief statement of the reason for the conclusion reached, and a statement of the reason why the information or source is not disclosed.
(Authority: PC, Sections 2081.5, 2600, 2601, 5054, and 5058. Reference: CCR, Title 15, Section 3321(b)(2); and DOM, Sections 52080.27.4 and 61020.9.)

Findings

COMPLIANCE

The CPRB examined 30 central files of inmates housed in LAC's Ad Seg units.

Of the 30 records reviewed, 29 were not ratable, as the reason for placement was not based on confidential information. The 1 (100 percent) ratable record contained an appropriate Confidential Information Disclosure form (CDC 1030) issued to the inmate within the required time frames.

5. **Review.** On the first work day following an inmate's placement in Ad Seg, designated staff at not less than the level of Correctional Captain will review the order portion of the CDC 114-D. If retention in Ad Seg is approved at this review, the following determinations will be made at this level:
(Authority cited: PC, Sections 5054 and 5058. Reference: CCR, Title 15, Section 3337.)

Findings

PARTIAL COMPLIANCE

The CPRB examined 30 central files of inmates housed in LAC's Ad Seg units.

Of the 30 records reviewed, 17 (57 percent) contained documentation of a placement review by a Captain within the first working day following the inmate's placement in Ad Seg. Of the 13 remaining records, 8 documented a late review by a Captain (1 to 8 days), 2 records documented a review conducted the same day as placement into Ad Seg, 1 record did not document a countersignature by an AW when the review was conducted by an acting Captain, 1 record documented a same day review by an acting Captain with no countersignature by an AW, and 1 record documented a late countersignature by an AW when the review was conducted by an acting Captain (8 days late),

- a. Determine the appropriate assignment of staff assistance.
(Reference: CCR, Title 15, Section 3337(a).)

Findings

PARTIAL COMPLIANCE

The CPRB examined 30 central files of inmates housed in LAC's Ad Seg units.

Of the 30 records reviewed, 24 (80 percent) contained documentation of a determination for the assignment of a SA/IE. Of the 6 remaining records, 4 did not contain complete information in this section, 1 record documented "to be assigned" rather than identifying a staff member by name in the IE section, and 1 record documented that no SA was required, but then identified a staff member as a SA.

- b. Determine the inmate's desire to call witnesses or submit other documentary evidence. If the inmate requests the presence of witnesses or submission of documentary evidence at the classification hearing on the reason or need for retention in segregated housing, an IE will be

assigned to the case. A request to call witnesses must be submitted in writing by the inmate.

(Reference: CCR, Title 15, Section 3337(b).)

Findings

PARTIAL COMPLIANCE

The CPRB examined 30 central files of inmates housed in LAC's Ad Seg units.

Of the 30 records reviewed, 23 (77 percent) contained documentation regarding the need for witnesses. The 7 remaining records left this section blank.

- c. Determine if the inmate has waived the 72-hour time limit in which a classification hearing cannot be held, as indicated on the CDC 114-D, or the inmate desires additional time to prepare for a classification hearing.

(Reference: CCR, Title 15, Section 3337(c).)

Findings

PARTIAL COMPLIANCE

The CPRB examined 30 central files of inmates housed in LAC's Ad Seg units.

Of the 30 records reviewed, 18 (60 percent) contained documentation that the inmate made a determination regarding the 72-hour time limit or had refused to sign the waiver section. The 12 remaining records documented the inmate had waived the 72-hour time limit absent a signature by the inmate.

- d. Determine the most appropriate date and time for a classification hearing based upon the determination arrived at under Sections 3337(a), (b), and (c), and the time limitations prescribed in CCR, Title 15, Section 3338.

(Reference: CCR, Title 15, Section 3337 (d).)

Findings

PARTIAL COMPLIANCE

The CPRB examined 30 central files of inmates housed in LAC's Ad Seg units.

Of the 30 records reviewed, 26 (87 percent) contained documentation that the hearing time frames were appropriate based on the inmate's request. Of the 4 remaining records, 3 did not document that a classification hearing was conducted on a reissued CDC 114-D and 1 record documented the inmate was seen by ICC prior to the 72-hour time constraint absent a signed waiver.

- e. Decision to retain in Ad Seg or release to unit/facility.

Findings

COMPLIANCE

The CPRB examined 30 central files of inmates housed in LAC's Ad Seg units.

Of the 30 records reviewed, 29 (97 percent) contained documentation that a decision was made to retain or release the inmate based on the administrative review. The 1 remaining record left this section blank.

- 6. **Classification Hearing.** An inmate's placement in temporary segregation shall be reviewed by the ICC within 10 days of receipt in the unit.
(Authority cited: PC, Sections 5054 and 5058. Reference: CCR, Title 15, Sections 3335(c), 3338(a), (b), (c), (d), (g), (h), (i), 3375, and 3339 (b) (2); and DOM, Sections 52080.27.4 and 62010.9.1.)

Findings

PARTIAL COMPLIANCE

The CPRB examined 30 central files of inmates housed in LAC's Ad Seg units.

Of the 30 records reviewed, 24 (80 percent) contained documentation of an ICC review within 10 days of an inmate's placement in Ad Seg. Of the 6 remaining records, 3 did not document a classification hearing was conducted on a reissued CDC 114-D and 3 records documented that the classification hearing was not held within the 10-day time frame (1 to 8 days late).

- a. The determinations arrived at in the classification hearing will be documented on the CDC 128-G. Such documentation will include an explanation of the reason and the information and evidence relied upon for the action taken. The inmate will also be given copies of all completed forms and of all other documents relied upon in the hearing, except those containing confidential information.
(Authority cited: PC, Sections 5054 and 5058. Reference: CCR, Title 15, Sections 3338(i), 3375(g), and (h); and DOM, Sections 52080.27.4 and 62010.9.1.)

Findings

COMPLIANCE

The CPRB examined 30 central files of inmates housed in LAC's Ad Seg units.

Of the 30 records reviewed, 3 were not ratable as no initial hearing was held on a reissued CDC 114-D. Of the 27 ratable records, 25 (93 percent) contained documentation of the determinations arrived at during the ICC on the CDC 128-G. Of the 2 remaining records, 1 did not document due process violations on the CDC 128-G and 1 record contained conflicting information between the CDC 114-D and the CDC 128-G regarding the date of the administrative review.

- b. Was the hearing date recorded on the CDC 128-G?
(Reference: CCR, Title 15, Section 3375(g)(9); and DOM, Section 62010.9.1.)

Findings

COMPLIANCE

The CPRB examined 30 central files of inmates housed in LAC's Ad Seg units.

Of the 30 records reviewed, 3 were not ratable as no initial hearing was held on a reissued CDC 114-D. Each (100 percent) of the 27 ratable records contained properly documented hearing dates on the CDC 128-G.

- c. Was the inmate's presence at the hearing documented on the CDC 128-G?
(Reference: CCR, Title 15, Sections 3338(c) and 3375(g)(5); and DOM, Section 52080.27.)

Findings

COMPLIANCE

The CPRB examined 30 central files of inmates housed in LAC's Ad Seg units.

Of the 30 records reviewed, 3 were not ratable as no initial hearing was held on a reissued CDC 114-D. Each (100 percent) of the 27 ratable records contained information regarding the inmate's presence or absence at the hearing on the CDC 128-G.

- d. Were the Hearing Officers identified on the CDC 128-G?
(Reference: CCR, Title 15, Sections 3375(g)(6-8); and DOM, Section 62010.9.1.)

Findings

COMPLIANCE

The CPRB examined 30 central files of inmates housed in LAC's Ad Seg units.

Of the 30 records reviewed, 3 were not ratable as no initial hearing was held on a reissued CDC 114-D. Each (100 percent) of the 27 ratable records contained properly documented hearing officers on the CDC 128-G.

- e. If appropriate, were the SA/IE identified in the CDC 128-G?
(Reference: CCR, Title 15, Section 3338(c)(i); and DOM, Section 62010.9.1.)

Findings

COMPLIANCE

The CPRB examined 30 central files of inmates housed in LAC's Ad Seg units.

Of the 30 records reviewed, 24 were not ratable as the need for a SA/IE was properly documented on the CDC 114-D. Each (100 percent) of the 6 ratable records documented the need for a SA/IE on the CDC 128-G when this information was not otherwise documented on the CDC 114-D.

- f. If appropriate, was the witness portion addressed in the CDC 128-G?
(Reference: CCR, Title 15, Section 3338(h) and (i); and DOM, Section 52080.27.3 and .4.)

Findings

COMPLIANCE

The CPRB examined 30 central files of inmates housed in LAC's Ad Seg units.

Of the 30 records reviewed, 23 were not ratable as the need for witnesses was properly documented on the CDC 114-D. Each (100 percent) of the 7 ratable records contained documentation regarding inmate witnesses on the CDC 128-G when this information was not otherwise properly documented on the CDC 114-D.

- g. The completed CDC 128-G contains the yard group designation arrived at during the classification hearing.
(Reference: CCR, Title 15, Section 3338(i); DOM, Section 52080.27.4; and IB 98/27.)

Findings

PARTIAL COMPLIANCE

The CPRB examined 30 central files of inmates housed in LAC's Ad Seg units.

Of the 30 records reviewed, 3 were not ratable as no initial hearing was held on a reissued CDC 114-D. Of the 27 ratable records, 24 (80 percent) contained documentation of the inmate's yard group designation on the CDC 128-G. The 3 remaining records did not contain this information.

- h. The completed CDC 128-G documents the inmate's current cell status (single or double celled).
(Reference: CCR, Title 15, Section 3338(i); DOM, Section 52080.27.4; and IB 97/27.)

Findings

COMPLIANCE

The CPRB examined 30 central files of inmates housed in LAC's Ad Seg units.

Of the 30 records reviewed, 3 were not ratable as no initial hearing was held on a reissued CDC 114-D. Each (100 percent) of the 27 ratable records contained documentation of the inmate's current cell status on the CDC 128-G.

- i. The completed CDC 128-G documents the inmate's participation during committee and their agreement or disagreement with the ICC's action.
(Reference: CCR, Title 15, Sections 3338(i) and 3375(f)(2-6); and DOM, Section 52080.27.4.)

Findings

COMPLIANCE

The CPRB examined 30 central files of inmates housed in LAC's Ad Seg units.

Of the 30 records reviewed, 3 were not ratable as no initial hearing was held on a reissued CDC 114-D. Each (100 percent) of the 27 ratable records contained documentation of the inmate's participation with the ICC on the CDC 128-G.

7. **Classification Review.** Effective until November 19, 2001: The ICC shall review the inmate at least every 30 days thereafter until the inmate is removed from temporary segregation. Effective November 20, 2001: Instead of ICC reviewing each inmate's case every 30 days, inmates in Ad Seg for nondisciplinary reasons shall require routine review no more frequently than every 90 days, or when scheduled by staff for specific action. Inmates

segregated for disciplinary reasons shall be reviewed by ICC at least every 180 days, or when scheduled by staff for specific action.

(Authorities cited: PC, Sections 5054 and 5058. Reference CCR, Title 15, Section 3335(c); DOM, Section 52080.27; and Larry Witek memorandum of interim action dated November 20, 2001, Ad Seg Unit Classification Review.)

Findings

COMPLIANCE

The CPRB examined 30 central files of inmates housed in LAC's Ad Seg units.

Of the 30 records reviewed, 10 were not ratable as the inmate had not been on Ad Seg status long enough to require a follow-up review. Of the 20 ratable records, 19 (95 percent) contained documentation of an ICC review as appropriate. The 1 remaining record did not document that a 90-day follow-up review was conducted as required.

8. **The CSR Review.** Effective until November 19, 2001: The ICC shall refer to a CSR for review and approval in any case in which an inmate is retained in temporary Ad Seg for more than 30 days. Effective November 20, 2001: All inmates retained in Ad Seg at their ten-day Ad Seg hearing shall be referred to the CSR for retention authorization at that initial review.
(Authorities cited: PC, Sections 5054 and 5058. Reference CCR, Title 15, Section 3335(c)(1); DOM, Section 52080.27; and Larry Witek memorandum of interim action dated November 20, 2001, Ad Seg Unit Classification Review.)

Findings

COMPLIANCE

The CPRB examined 30 central files of inmates housed in LAC's Ad Seg units.

Of the 30 records reviewed, 3 were not ratable as no initial hearing was held on a reissued CDC 114-D. Each (100 percent) of the 27 ratable records contained documentation that indicated the case had been referred to a CSR for review as appropriate.

III

ADMINISTRATION

1. **Training.** All staff working in specialized units are to receive specialized training centering around that unit's operation and program.
(Authority cited: PC, Sections 830.5, 832, 5054, 5058, 13600, and 13601. Reference: DOM, Section 32010.14.5.)

Findings

PARTIAL COMPLIANCE

The CPRB interviewed the In-Service Training staff and examined the training records provided for Ad Seg staff assigned to the units for one year or more.

Documentation was provided indicating that 39 custody staff have been assigned to the Ad Seg units for one year or more. These 39 staff members are each required to have received 11 specialized training classes. Of the 429 required specialized training classes, 311 (72 percent) have been taken.

2. **The ICC.** The ICC shall consist of:
 - Warden or Regional Parole Administrator, or Deputy Warden or Assistant Regional Parole Administrator (chairperson);
 - Correctional Administrator or Parole Administrator III (alternate Chairperson);
 - Psychiatrist or Physician;

- Facility Captain;
- Correctional Captain;
- The CC III or Parole Agent III, or CC II or Parole Agent II (Committee Recorder);
- Assignment Lieutenant;
- Educational or Vocational Program Representative; and
- Other Staff as required.

(Authority cited: PC, Sections 5054 and 5058. Reference: CCR, Title 15, Section 3376(c)(2); and DOM, Section 62010.8.2.)

Findings

COMPLIANCE

The CPRB examined 30 central files, observed ICC, and reviewed CDC 128-Gs.

The review revealed that the composition of the ICC was in compliance with this standard.

3. **Record of Disciplinary.** All institutions will maintain a Register of Institution Violations. A Register of Institution Violations is a compilation of one completed copy of each rule violation report issued at a facility, maintained in chronological order.

(Authority cited: PC, Sections 2081, 5054, and 5058. Reference: CCR, Title 15, Sections 3326(a)(1-2); and DOM, Section 52080.15.1.)

Findings

COMPLIANCE

The CPRB interviewed appropriate staff and examined the Disciplinary Log and Register of Institutional Violations.

The review revealed that the Institution maintains a Register of Institutional Violations, which meets the basic requirements of DOM. A tracking system is utilized to follow each disciplinary log number and adjudicated Rules Violation Report.

4. **Post Order-Firearms.** Detailed instructions regarding the use of firearms shall be contained in the post orders of armed posts and shall be issued to staff that may regularly be required to use firearms in the course of their duties.
(Authority cited: PC, Sections 830, 832.5, 5054, and 5058. Reference: DOM, Section 55050.4.)

Findings

NONCOMPLIANCE

The CPRB toured LAC's Ad Seg units, examined unit documentation, and interviewed unit staff.

The review revealed that there are 13 identified gun posts (4 yard guns and 9 control booth) that require use of force policies be addressed as part of the post orders. Of the 13 post orders reviewed, 3 (23 percent) directed the staff member to read, understand, and become familiar with the departmental Use of Force Policy, CCR, Section 3268. In addition, none of the 4 identified yard gun positions referenced or identified deadly or nondeadly weaponry to be maintained on the post. The post orders were in a generic format.

5. **Post Order-Job Site.** A copy of the post order shall be provided for every post and a copy shall be physically located at each job-site.
(Authority cited: PC, Sections 5054 and 5058. Reference: DOM, Section 51040.6.)

Findings

COMPLIANCE

The CPRB toured LAC's Ad Seg units, examined unit documentation, and interviewed unit staff.

The review revealed that a current copy of the post order is provided at the job site for each (100 percent) of the 73 Ad Seg unit posts.

6. **Post Order-Staff.** Supervisors, by authority of the Correctional Captain or area Manager, shall ensure that employees read and understand their post orders upon assuming their post.
(Authority cited: PC, Sections 5054 and 5058. Reference: DOM, Section 51040.6.1.)

Findings

COMPLIANCE

The CPRB toured LAC's Ad Seg units, examined unit documentation, and interviewed unit staff.

The review revealed that unit supervisors do not consistently ensure that staff have read and signed their post order upon assuming their post.

- a. Custodial staff assigned to each post are required to sign and date the Post Order Acknowledgment Form (CDC 1860), verifying their understanding of the duties and responsibilities of the post. This shall be completed when the employee is assigned to the post, when the post order has been revised, or upon returning from an extended absence.

Findings

PARTIAL COMPLIANCE

The CPRB toured LAC's Ad Seg units, examined unit documentation, and interviewed unit staff.

The review revealed that there are 108 staff assigned to the 73 Ad Seg posts. Of the 138 required staff signatures, 101 (73 percent) were present indicating the staff member has read and understands the duties of their post.

- b. At a minimum of once each month, supervisors shall inspect the post orders and sign the CDC 1860. Any torn or missing pages noted shall be replaced as soon as practical.

Findings

COMPLIANCE

The CPRB toured LAC's Ad Seg units, examined unit documentation, and interviewed unit staff.

The review revealed that the custodial supervisors assigned to the Ad Seg units inspect the CDC 1860s on a monthly basis.

- c. A CDC 1860 shall be attached to each post order and shall be utilized to verify that the assigned staff member has read and understood the post orders for their post. The CDC 1860s shall be kept for a period of one year from the date of last entry unless deemed evidentiary (then retained until no longer needed).
(Authority cited: PC, Sections 5054 and 5058. Reference DOM, Section 51040.6.2.)

Findings

COMPLIANCE

The CPRB toured LAC's Ad Seg units, examined unit documentation, and interviewed unit staff.

The review revealed that LAC utilizes a CDC 1860 to allow the staff member to verify, by signature, that they have read and understand the post order for the post and then countersigned by the unit supervisor.

- 7. **Protective Vests.** All CDCR employees, regardless of personnel classification, entering a Security Housing Unit, Special Management Program, ASU, Temporary Detention Unit, Condemned Housing Unit, Psychiatric Services Unit, or Special Behavioral Treatment Program, shall wear a Stab Resistant Vest when the employee is:

- In direct contact with inmates/wards/patients within the aforementioned units (unrestrained or restrained).
- Escorting inmates/wards/patients housed within the aforementioned units anywhere on institution grounds.
- On the aforementioned unit tiers.

(Authority cited: DOM, Section 33020.16.2)

Findings

PARTIAL COMPLIANCE

The CPRB toured LAC's Ad Seg units, examined unit documentation, and interviewed unit staff.

The review revealed that not all staff wear a protective vest while in the Ad Seg units as required by policy. In addition, members of the review team were not required to wear protective vests while in the Ad Seg units.

IV

USE OF FORCE

1. **Extraction.** Before making the final decision to proceed with any extraction, custody/health care staff must consider the gravity of the situation, coupled with the inmate's demeanor, e.g., verbal aggression as opposed to physical aggression, prior history of violence, physical threat to the safety of others, security of the Institution, etc., which may reasonably occur if the inmate is not moved.
(Authority cited: PC, Sections 835(a), 2650, 2651, 2652, 5054, and 5058. Reference: CCR, Title 15, Section 3268 (b); and AB 99/03.)

Findings

COMPLIANCE

The CPRB examined 20 closed incident report packages that documented use of force on inmates housed in LAC's Ad Seg units within the past 12 months.

Of the 20 incident reports reviewed, 19 were not ratable, as they did not necessitate an extraction. The 1 (100 percent) ratable incident contained documentation that consideration was given to the gravity of the situation, coupled with the inmate's demeanor, prior history of violence, physical threat to the safety of others, security of the Institution, etc., which may reasonably occur if the inmate is not moved.

- a. Preplanned tactical extraction situations will be videotape recorded.
(Authority cited: PC, Sections 835(a), 2650, 2651, 2652, 5054, and 5058. Reference: AB 99/03.)

Findings

COMPLIANCE

The CPRB examined 20 closed incident report packages that documented use of force on inmates housed in LAC's Ad Seg units within the past 12 months.

Of the 20 incident reports reviewed, 19 were not ratable, as they did not necessitate an extraction. The 1 (100 percent) ratable incident reviewed documented that the incident was properly videotape recorded.

- b. In calculated use of force situations where inmates are housed, a supervisor shall administer the OC product against the inmate and any extraction will be videotape recorded. Prior authorization for the use of an OC product shall be obtained during business hours at the level of Correctional/Facility Captain, or higher, and during non-business hours the AOD.
(Authority cited: PC, Sections 835(a), 2650, 2651, 2652, 5054, and 5058. Reference: AB 99/03.)

Findings

COMPLIANCE

The CPRB examined 20 closed incident report packages that documented use of force on inmates housed in LAC's Ad Seg units within the past 12 months.

Of the 20 incident reports reviewed, 19 were not ratable, as they did not necessitate an extraction. The 1 (100 percent) ratable incident documented that the prior authorization for the use of OC was properly obtained.

2. **Use of OC.** In institutions, the use of OC is designed to control, subdue, contain, or escort a combative, assaultive, violent, or physically resistive inmate(s). The use of this chemical agent shall not be for punishment and must be reasonable and necessary.
(Authority cited: PC, Sections 835(a), 2650, 2651, 2652, 5054, and 5058. Reference: AB 99/03.)

Findings

COMPLIANCE

The CPRB examined 20 closed incident report packages that documented use of force on inmates housed in LAC's Ad Seg units during the past 12 months.

Of the 20 incident reports reviewed, 6 were not ratable, as they did not necessitate the use of OC. Each (100 percent) of the 14 ratable incidents documented that the use of OC was appropriate.

3. **Decontamination.** Any exposed individual shall be decontaminated in accordance with departmental policy. Those refusing decontamination shall be monitored by health care employees at least every 15 minutes for a period of not less than 45 minutes with documentation of their observations on a Medical Report of Injury or Unusual Occurrence.
(Authority cited: PC, Sections 835(a), 2650, 2651, 2652, 5054, and 5058. Reference: AB 96/4R and AB 99/03.)

Findings

COMPLIANCE

The CPRB examined 20 closed incident report packages that documented use of force on inmates housed in LAC's Ad Seg units during the past 12 months.

Of the 20 incident reports reviewed, 6 were not ratable, as they did not necessitate the use of OC. Each (100 percent) of the 14 ratable incidents documented the decontamination of the inmate or refusal by the inmate of decontamination, as appropriate.

4. **Use of Force/Reasonable Force.** The force that an objective, trained, and competent correctional employee, faced with similar facts and circumstances, would consider necessary and reasonable to subdue an attacker, overcome resistance, effect custody, or gain compliance with a lawful order.
(Authority cited: PC, Sections 835(a), 2650, 2651, 2652, 5054, and 5058. Reference: CCR, Title 15, Section 3268(a)(1); and AB 99/03.)

Findings

COMPLIANCE

The CPRB examined 20 closed incident report packages that documented use of force on inmates housed in LAC's Ad Seg units during the past 12 months.

Each (100 percent) of the 20 incident reports reviewed documented that the force used was necessary and reasonable to subdue an attacker, overcome resistance, effect custody, or gain compliance with a lawful order.

5. **Reporting Force.** An employee who uses or observes non-deadly force greater than verbal persuasion to overcome resistance or gain compliance with an order shall document that fact. The document shall identify any witnesses to the

incident and describe the circumstances giving rise to the use of force, and the nature and extent of the force used. The employee shall provide the document to his or her immediate supervisor.

(Authority cited: PC, Sections 835(a), 2650, 2651, 2652, 5054, and 5058. Reference: CCR, Title 15, Section 3268.1(a)(1); and AB 99/03.)

Findings

COMPLIANCE

The CPRB examined 20 closed incident report packages that documented use of force on inmates housed in LAC's Ad Seg units during the past 12 months.

Each (100 percent) of the 20 incident reports reviewed indicated that a report, including the identification of witnesses, was written by the employee who used or observed non-deadly force greater than verbal persuasion. These reports were then given to the employee's immediate supervisor as required.

6. **Reviewing Force.** The employee's immediate supervisor shall review the document to ensure that it is adequately prepared and to reach a judgment concerning the appropriateness of the force used. The supervisor shall document his or her conclusions and forward them along with the employee's document, through the designated chain of command, to the institutional head for approval or follow-up action.
(Authority cited: PC, Sections 835(a), 2650, 2651, 2652, 5054, and 5058. Reference: CCR, Title 15, Section 3268.1(a)(2); and AB 99/03.)

Findings

COMPLIANCE

The CPRB examined 20 closed incident report packages that documented use of force on inmates housed in LAC's Ad Seg units during the past 12 months.

Each (100 percent) of the 20 incident reports reviewed indicated the involved employee's immediate supervisor reviewed the report, ensured

that it was adequately prepared, and reached a judgment concerning the appropriateness of the force used. The reports were then forwarded through the designated chain of command, to the institutional head and Executive Review Committee for analysis, approval, or follow-up action.

Review of Administrative Segregation and Due Process

California State Prison, Los Angeles County

GLOSSARY

AB	Administrative Bulletin
Ad Seg	Administrative Segregation
AOD	Administrative Officer of the Day
ASU	Administrative Segregation Unit
AW	Associate Warden
CC	Correctional Counselor
CCR	California Code of Regulations
CDCR	California Department of Corrections and Rehabilitation
CDC 1030	Confidential Information Disclosure
CDC 114	Isolation Log Book
CDC 114-A	Isolation/Segregation Profile
CDC 114-A1	Inmate Segregation Profile
CDC 114-D	Order for Placement/Retention in Administrative Segregation
CDC 128-B	Information Chrono
CDC 128-G	Classification Chrono Form
CDC 1860	Post Order Acknowledgment Form
CSR	Classification Staff Representative
DOM	Department Operations Manual
DS 5003	Fire Drill Report
IB	Informational Bulletin
ICC	Institution Classification Committee
IE	Investigative Employee
LAC	California State Prison, Los Angeles
OC	Oleoresin Capsicum
PC	California Penal Code
SA	Staff Assistant
SHU	Security Housing Unit

CALIFORNIA DEPARTMENT OF CORRECTIONS AND REHABILITATION
OFFICE OF AUDITS AND COMPLIANCE

REPORT OF FINDINGS AND RECOMMENDATIONS

BUSINESS SERVICES

CALIFORNIA STATE PRISON - LANCASTER

MARCH 10 THROUGH MARCH 21, 2008

The seal of the California Department of Corrections and Rehabilitation is a circular emblem. It features a green outer ring with the text "DEPARTMENT OF CORRECTIONS AND REHABILITATION" at the top and "STATE OF CALIFORNIA" at the bottom. The center of the seal depicts a yellow book, a blue flame, and a green landscape with a white path.

PRELIMINARY

AUDITS BRANCH

Memorandum

Date : April 10, 2008

To : F.B. Haws
Warden
California State Prison, Los Angeles County

Subject: **PRELIMINARY AUDIT REPORT OF THE INSTITUTIONAL BUSINESS SERVICES OFFICE – CALIFORNIA STATE PRISON, LOS ANGELES COUNTY**

Attached is the Preliminary Audit Report of Findings and Recommendations developed during the audit of Business Services at California State Prison, Los Angeles County (LAC). The Office of Audits Compliance (OAC), Audits Branch (AB) conducted the fieldwork during the period of March 10 through March 28, 2008. A complete description of each finding, its impact, criteria and recommendation is contained within the narrative portion of the report.

The preliminary report contains 36 findings and recommendations for your review. In the area of Materials Management, the AB could not locate inventory records for 2006 and 2007 to determine if a physical inventory has been completed within the past 2 years. Also, Property Survey Report could not be located to assist in validating that property is disposed of properly.

It should be noted that employee turnover in Business Services over the past 12 months is as follows: Accounting 39 percent, Plant Operations 36 percent, Personnel 35 percent, Food Services 31 percent, and Procurement 21 percent.

Please provide, within 30 days, a brief description of your Corrective Action Plan (CAP) for each finding and a date when you expect the finding to be resolved. The OAC will issue a final report within 60 days after receipt of your CAP.

A follow-up audit will be scheduled as deemed necessary. Should you have any specific questions, please contact René Francis at (916) 358-2070 or Patricia Weatherspoon at (916) 358-2129. For general information call me at (916) 358-2621.

RICHARD C. KRUPP, Ph.D.
Assistant Secretary
Office of Audits and Compliance

Attachment

cc: René Francis, OAC
Patricia Weatherspoon, OAC

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CALIFORNIA DEPARTMENT OF CORRECTIONS AND
REHABILITATION
OFFICE OF AUDITS AND COMPLIANCE

REPORT OF FINDINGS AND RECOMMENDATIONS

BUSINESS SERVICES

CALIFORNIA STATE PRISON, LOS ANGELES COUNTY

MARCH 10 – MARCH 28, 2008

PRELIMINARY

CONDUCTED BY
AUDITS BRANCH



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**OFFICE OF AUDITS AND COMPLIANCE
AUDITS BRANCH**

CALIFORNIA STATE PRISON, LOS ANGELES COUNTY

INTRODUCTION

The California Department of Corrections and Rehabilitation's (CDCR), Office of Audits and Compliance (OAC), Audits Branch conducted an audit of Business Services at California State Prison, Los Angeles County (LAC). The purpose of the audit was to analyze and evaluate the level of compliance with State and departmental policies, procedures, rules, regulations, operational objectives, and guidelines. The following areas were audited:

- Personnel Transactions;
- Delegating Testing;
- Payroll/Accounting;
- Position Control;
- Procurement (i.e., Service and Expense Orders/Direct Pay);
- Materials Management (i.e., Warehousing and Inventory Control);
- Plant Operations;
- Food Services;
- Inmate Trust Accounting;
- Environmental Health and Safety; and
- Occupational Health and Safety.

The fieldwork was performed during the period of March 10 through March 28, 2008. The exit conference was held on March 28, 2008.

René Francis, Certified Government Financial Manager, supervised the audit. Management Auditors Annette Sierra, Annecia Coleman, Michael Robinson, Deborah Brannon and Naomi Banks conducted the audit. In addition, Marilyn Marquez, Correctional Business Manager I, Division of Adult Institutions, Shirley Cowley, Hazardous Materials Specialist, California Rehabilitation Center, and Mark Galvez Accounting Administrator II, Central Valley RAO provided subject matter expertise. Perry Settlemoir, retire annuitant also assisted. Patricia Weatherspoon, Senior Management Auditor provided second line supervision and review. Richard C. Krupp, Assistant Secretary of the OAC, provided executive management oversight.

The audit consisted of an entrance conference, review of the prior reports, test of transactions, interviews, observation, periodic management briefings, an exit conference, and issuance of the preliminary report.

**OFFICE OF AUDITS AND COMPLIANCE
AUDITS BRANCH**

CALIFORNIA STATE PRISON, LOS ANGELES COUNTY

AUDIT SCOPE

The scope of the audit encompasses the examination and evaluation of the adequacy and effectiveness of LAC's system of management control and compliance to applicable policies, procedures, rules, and regulations. The audit period may include prior fiscal years if deemed necessary. The control objectives include, but are not limited to the following:

- State assets are safeguarded from unauthorized use or disposition;
- Transactions are executed in accordance to management's authorizations;
- Transactions are executed in accordance with applicable rules and regulations;
- Transactions are recorded correctly to permit the preparation of financial and management reports; and
- Programs are working efficiently and effectively.

In order to determine the adequacy of the control systems and level of compliance with State, federal, and departmental fiscal procedures, the audit team performed the following audit procedures:

- Examined evidence on a test basis supporting management's assertions;
- Performed detailed analyses of documentation and transactions;
- Interviewed Facility staff;
- Made inspections and observations;
- Performed group discussions of the overall impact of deficiencies; and
- Discussed deficiencies with supervisors and management throughout the audit process.

SYMPTOMS OF CONTROL DEFICIENCIES

Experience has indicated that the existence of one or more of the following danger signals will usually be indicative of a poorly maintained or vulnerable control system. These symptoms may apply to the organization as a whole or to individual units or activities. Department heads and managers should identify and make the necessary corrections when warned by any of the danger signals listed below:

- Policy and procedural or operational manuals are either not currently maintained or are nonexistent;
- Lines of organizational authority and responsibility are not clearly articulated or are nonexistent;
- Financial and operational reporting is not timely and is not used as an effective management tool;
- Line supervisors ignore or do not adequately monitor control compliance;
- No procedures are established to assure that controls in all areas of operation are evaluated on a reasonable and timely basis;
- Internal control weaknesses detected are not acted upon in a timely fashion; and
- Controls and/or control evaluations bear little relationship to organizational exposure to risk of loss or resources.

**OFFICE OF AUDITS AND COMPLIANCE
AUDITS BRANCH**

CALIFORNIA STATE PRISON, LOS ANGELES COUNTY

CORRECTIVE ACTION PLAN

LAC's corrective action plan (CAP) is due within 30 days of receipt of the draft report. See Attachment A for a sample of the format.

The CAP is designed to document the institution's plan to fully resolve the audit findings. It includes a brief description of the audit finding, the classification of the personnel directly responsible for resolving the finding(s), their telephone number and/or extension, a brief description of the proposed action and the anticipated date of completion.

Please e-mail your completed CAP to René.Francis@cdcr.ca.gov and Alberto.Canton@cdcr.ca.gov. Send the original to Alberto Canton, (AB), PO Box 942883, Sacramento, CA 95811-7243.

If you need additional time to prepare your CAP, please contact René Francis, Staff Management Auditor, at (916) 358-2070 or Alberto Canton, Correctional Administrator at (916) 358-1801.

**OFFICE OF AUDITS AND COMPLIANCE
AUDITS BRANCH**

CALIFORNIA STATE PRISON, LOS ANGELES COUNTY

EXECUTIVE SUMMARY

The Audits Branch conducted an audit of the Business Services Operations at LAC from March 10 through March 28, 2008. The purpose of the audit was to determine the level of compliance with State, federal, and departmental rules, regulations, policies, and procedures.

The exit conference was held on March 28, 2008. The AB requested that LAC provide a CAP within 30 days of receipt of the draft report.

Areas audited:

- Personnel Transactions;
- Delegating Testing;
- Payroll/Accounting;
- Position Control;
- Procurement (i.e., Service and Expense Orders/Direct Pay);
- Materials Management (i.e., Warehousing and Inventory Control);
- Plant Operations;
- Food Services;
- Inmate Trust Accounting;
- Environmental Health and Safety; and
- Occupational Health and Safety.

Thirty-six findings are identified in the preliminary report, categorized under the following topics:

Category	Number of Findings	Page Number
Administrative Concerns	2	
Policies and Procedures	2	
Training	1	
Health and Safety	7	
Internal Controls	5	
Late Detection and Additional Workload	19	
Total	36	

This executive summary provides the category, a brief description of the finding, prior finding if applicable, policy violated and the impact on the institution.

It should be noted that turnover in the areas under Business Services over the past 12 months is Accounting 39 percent, Plant Operations 36 percent, Personnel 35 percent, Food Service 31 percent, and Procurement 21 percent. This condition may make it difficult to accomplish the objective of Business Service.

I. ADMINISTRATIVE CONCERNS

A. Nepotism

We noted an instance of nepotism. The instance occurred in the Plant Operations when we determined that a father and son report to the same second line supervisor. DOM

Impact: The relationship could effect or adversely influence safety, security, morale and, fair and impartial supervision.

B. Performance Reports

Probation reports and Individual Development Plans are not prepared by supervisors for employees under their supervision. As of March 27, 2008, there are 112 reports outstanding that were due by January 31, 2008.

Impact: Employees may not be aware of job performance.

II. POLICIES AND PROCEDURES

Pest Control

There are no local operating procedures for the Pest Control Technician. CCR, Title 15

Impact: Staff and inmates may not be notified prior to pesticide and insecticide application.

Universal Waste

There are no written policies or procedures governing the management of universal waste. Title 22.

Impact: Employees are not trained in proper universal waste.

III. TRAINING (PRIOR FINDING)

We could not determine if inmate barbers are adequately trained.

- Inmate barbers at the administration Building and Facility A do not have the sanitation quiz attached to their job description.

Impact: This condition may result in unsafe and unsanitary conditions.

IV. HEALTH AND SAFETY

A. Environmental Health and Safety

Hazardous Materials Spills

Hazardous materials spills are not mitigated timely and in accordance to LAC Managements expectations. For example, there was a spill of hydraulic oil on March 17, 2008 and it was not mitigated until March 20, 2008.

Impact: Results in an increased threat to life, health and safety.

Business Plan (Prior Finding)

The CSP LAC Business Plan is not current and complete. For example, the complete Plan has not been approved and signed by the Warden since 2004. Major changes to the Business Plan occurred but have not been updated, such as the name and the phone number of the emergency contacts (primary and secondary). The Spill Prevention, Control and Counter Measure Plan (SPCC) have never been formalized and adopted above ground and underground storage tanks (UST). There are no written monitoring procedures. The site map is inaccurate. It does not denote the Administrative Segregation Unit (ASU) and the Enhanced Outpatient Program Unit (EOP) CCR.

Impact: This practice makes it difficult to determine accountability over the Business Plan and may result in an increased threat to life, health, and safety. In addition, this issue may be cause for revocation of the permit.

Hazardous Communication Program (Prior Finding)

We noted deficiencies regarding the Hazardous Communication Program at 9 locations. (Plumbing Shop A- Yard, Maintenance Mechanics Shop-C Yard, Main Kitchen A-Yard, Water Treatment Plant and Waste Water Plant, PIA Laundry, PIA Detergent, Range, Housing Unit A-1, Support Ware House). Common to 8 of the locations is inadequate indexing and updating of MSDS.

Impact: This results in an increased threat to life, health and safety.

B. Occupational Health and Safety

Labor Management Health and Safety Committee Meetings

The attendance for twelve consecutive months for the labor-management health and safety committee is inconsistent. We determined that the appointed members or the designees are not attending in accordance to the LAC IIPP and the DOM.

Impact: Day to day safety issues are not raised and resolved. Also, this issue gives the appearance that the LAC safety committee is given a low priority.

Exposure Control Plan

LAC's written site specific Exposure Control Plan has not been reviewed and or updated since 1999.

Impact: This may result in staff coming in contact with hazardous substances that may transmit diseases.

Workplace Hazards

The system for identifying and communicating work place hazards is not in place in accordance to the LAC-IIPP. Staff is not supplied with access to current hazard information pertinent to their work assignments. We noted that the Codes of Safe practices and Hazard Evaluations are incomplete. They are missing the date prepared and the name and title of the preparer.

Impact: Unable to determine who prepared the codes, and the date of last review

Bio-Hazardous Waste

A sharps container for the disposal of bio-hazardous waste is not easily accessible in the A facility clinic.

Impact: This issue increases the risk of employees coming in contact with hazardous substances that may transmit diseases.

V. INTERNAL CONTROL

A. Conflict of Interest

During the calendar year 2007, 45 employees did not complete and submit the California Form 700.

Impact: This condition may result in late detection of incompatible activities, irregularities, theft and/or misappropriation.

B. Distribution of Salary Warrants (Prior Finding)

Separation of duties are inadequate when four paymasters are also unit timekeepers. SAM

Impact: The practice could result in late detection of error and irregularities.

C. Inmate Trust Accounting

Bank reconciliations tested for a six-month period were not reviewed and signed. Additionally, there are reconciling items on the January 2008 bank reconciliation that have not been resolved and date back to 1994 through June 2007.

Impact: This condition results in difficulties resolving reconciling items as time passes.

Group accounts are not adequately supported by documentation

Impact: Late detection of errors or irregularities.

D. Maintenance Warehouse(Prior Finding)

Separation of duties is inadequate when one M&SS II controls the inventory, orders and distributes supplies and conducts physical inventory counts.

Impact: This may result in late detection of errors, irregularities, theft and /or misappropriation.

E. Support Warehouse

Inventory adjustments are not posted by someone independent of the warehouse.

Impact: This condition may result in late detection of errors, irregularities, theft and/or misappropriation.

VI. LATE DETECTION AND ADDITIONAL WORKLOAD

A. Personnel

Classification and Pay

Two Request for Personnel Action (RPA) were processed without the approval of the Associate Warden of Business Services and the Warden. The appropriate duty statement and organizational chart were missing from every RPA reviewed. Additionally, a Chief Engineer was appointed to a limited term position. However, a permanent appointment was made to fill behind the Chief Engineer's limited term appointment. DPA, GC

Impact: Illegal appointments can occur without proper approval and documentation. Also, filling behind a limited term position with a permanent full-time position can create a layoff situation.

Two employees were appointed to Correctional Sergeant positions without the use of a certification list. Additionally, employment inquiries were not sent to candidates on the list and an old certification list was used to clear a new certification list. Lastly, the two employees were not in reachable ranks on the new list. GC, PTM

Impact: This issue constitutes an illegal hire and LAC could lose their delegation to process appointment documents.

Twelve of seventeen files reviewed did not have appropriate certifications/approvals for Institution Work Supervision Pay (IWSP). For

example, medical clearances were not on file. Additionally, we could not determine if annual audits were conducted. PMPPM, CSCSPS

Impact: Employees may be overpaid.

Salary Advances (Prior Finding)

Eight of the 22 salary advances outstanding over 90 days have had no action taken toward collection. They total \$18,337.47.

Impact: This practice results in difficulty clearing aged advances, creates additional workload and give the appearance of an interest free loan.

Accounts Receivable (Prior Finding)

Thirty-one of the 210 AR's outstanding over 90 days have had no action taken toward collection. These AR's total \$16,252.55. Additionally, AR's are not established timely for employees who have not submitted CDC 998-As.

Impact: This condition makes it difficult to collect money owed to the State and gives the appearance of interest-free loans. Also, it could create an additional workload and be a hardship to the employee when collections efforts begin.

Position Control

LAC has over-hired based on their budgeted authority. For example, there are 22 Correctional Officers paid out of the 918 blanket. Compounding this issue is that there are no vacant positions to put them in. Also, there are 30 correctional officers on order from future academies and there are two deactivations in which 16.92 correctional officer positions will be cut.

Impact: This practice over expends the budget authority.

Positions in the reporting unit 210 (which are not classified as interchangeable positions) are using the 700 series for their serial number. The 700 series is reserved for employees in interchangeable classes.

Impact: Using the series my complicate the calculation of salaries when processing budget reconciliation.

Twenty-nine of the 107 positions identified on the March 1, 2008 Periodic Position Control Report resulted in over-expending LAC's budget authority.

Impact: Over-expenditure of the budget authority.

Personnel Transactions

The Custody Sign In/Out Sheets are incomplete. For example, Captains are not signing them when a Lieutenant's name appears. PPAS

Impact: This issue could result in the manipulation of time and late detection of inappropriate use of leave.

Twenty-five percent of Lieutenants and 26 percent of Sergeants did not submit a CDC-998-A for the December pay period. Additionally, Custody supervisors are approving CDC-998-As without appropriate substantiation for military and sick leave. AB 04-01

Impact: This practice diminishes management's ability to manage leave usage and results in additional workload.

Trust

There are obsolete checks that have not been properly destroyed. There may be as many as 300-500 checks. SAM

Impact: This condition may result in late detection of missing state funds.

Holds on inmate funds are not processed in a timely manner. Eleven holds were sampled and all should have been released. ITAOOG

Impact: This results in additional workload and loss of funds to the State.

There are 45 outstanding checks over 1 year old that have not been canceled. SAM

Impact: This practice could result in difficulty determining if checks are cleared and reconciled to accounts, as well as, loss of interest income.

Procedures do not exist to identify the disposition of uncleared collections. Additionally, supporting documentation for old items is not available. SAM

Impact: Difficult to resolve uncleared collections as they age.

Support Warehouse (Prior Finding).

Std. Form 115's are incomplete. The forms do not contain the necessary signatures of the requester, approver or receiver.

Impact: This can result in late detection of errors, irregularities and/or misappropriations.

Maintenance/Support Warehouse(Prior Finding)

Some physical inventory records dated before January 2006 have been located. However, no inventory records could be located for 2006.

Impact: Late detection of errors or irregularities as well as difficulty validating transactions.

Plant Operations

We reviewed the Work Supervisors Log, (CDC 1697) at the weld, and paint shops. We noted that the CDC 1697s are not maintained in accordance with the work/training incentive guidelines. The following deficiencies were noted:

- Initials are used instead signatures.
- Exceptional time is not noted in hourly increments.
- Inmate work supervisors do not sign inmate duty statements.
- The position number assigned by the Inmate Assignment Office (IAO) does not reconcile to the position number on the CDC 1697.

Impact: This results in inaccurate documentation of inmate work time.

Garage

Preventative maintenance is not performed on equipment and carts in accordance with the maintenance schedule. Forty-nine pieces of equipment tested and forty-six carts are past due for maintenance. SAM

Impact: This condition may result in late detection of mechanical problems, increased costs of repair and increased downtime.

Food Services(Prior Finding)

The following deficiencies were noted related to inmate timekeeping in the Main Kitchen, A Satellite and the Minimum Security Facility:

- Initials are used instead of signature
- Inmates are not signed in/out when their shift is beginning and ending
- Initials are used instead of signature
- The CDCR 1697 are incomplete. They are missing the transfer in/out dates and the DMS number
- Exceptional time is not noted

Impact: This condition may result in increased errors, increased workload, and delay in processing inmate pay.

Property (Prior Findings)

Property inventory and reconciliation records could not be located to validate that an inventory was conducted in 2007. Additionally, Property Survey Reports could not be located to validate that property was disposed of properly.

Impact: This condition may result in late detection of errors and/or irregularities.

Non-Drug Medical (Prior Finding)

The non-drug medical warehouse has the following deficiencies:

- Inventory reconciliations are not performed.
- Stock records are not maintained.
- Std. 115's are incomplete

SAM and DOM

Impact: These issues result in the late detection of errors, irregularities, theft and/or misappropriation.

FINDINGS AND RECOMMENDATIONS

It should be noted that turnover in the areas under Business Services over the past 12 months is Accounting 39 percent, Plant Operations 36 percent, Personnel 35 percent, Food Service 31 percent, and Procurement 21 percent. This condition may make it difficult to accomplish the objective of Business Service.

I. ADMINISTRATIVE CONCERNS

A. Personnel

1. Nepotism

We noted an instance of nepotism. The instance occurred in Plant Operations when we determined that a father and son report to the same second line supervisor.

The relationship could effect or adversely influence safety, security, morale, fair and impartial supervision.

DOM Section 33010.25, Nepotism/Fraternization, states in part, Employees involved in such relationships may work in the same program, section, or unit. However, appointments or assignments shall not be made where the employee would work for the same supervisor and/or have a direct (first line supervisor), or indirect supervisory relationship (second line supervisor)/

Recommendation

Review all areas for possible relationships that violate the Nepotism policy and develop a plan for resolution. Also, provide training on the Nepotism policy and monitor for compliance.

2. Performance Reports

Probation reports and Individual Development Plans are not prepared by supervisors for employees under their supervision. As of March 27, 2008, there are 112 reports outstanding that were due by January 31, 2008

Employees may not be aware of job performance.

Personnel Transaction Manual (PTM), Section Agency Responsibility, 900.1, states in part, "...each State agency is responsible for the administration of the performance appraisal program for permanent and probation employee. The success of programs will depend largely on the effectiveness of training provided in the agency for employees, supervisors, and management at all levels. Each agency shall adopt a system of performance appraisals in accordance with the rules of the State Personnel Board."

Recommendation

Establish a procedure to ensure that performance reports and IDPs are completed and monitored.

II. POLICIES AND PROCEDURES

Pest Control

There are no local operating procedures for the Pest Control Technician. CCR, Title 15

This issue could result in Staff and inmates may not be notified prior to pesticide and insecticide application.

CCR, Title 15 states in part,

Recommendation

Evaluate the importance of developing local procedures for Pest Control and prepare if necessary.

2. Universal Waste

Employees are not trained in proper universal waste policy or procedures. There are no written policies or procedures that instruct staff on the management of universal waste which includes handling packaging and storing of universal waste.

This issue could result in Universal Waste (i.e. batteries) not stored properly in accordance with Title 22.

CCR title 22, states in part “Train employees in proper universal waste management including handling, packaging, storing and labeling the universal waste, as well as how to respond to releases (§66273.16). This training may be accomplished by simply giving employees written instructions or posting these instructions in the universal waste management areas of the building”.

Recommendation

Adopt an Operational Procedure for Universal Waste

III. TRAINING

1. Inmate Barbers (Prior Finding)

We could not determine if inmate barbers are adequately trained. For example, inmate barbers at the administration Building and Facility A do not have the sanitation quiz attached to their job description.

This condition may result in unsafe and unsanitary conditions.

CSP LAC OP# 516 section 516.6) states in part “ All Inmate barbers are required to attend training for the proper use and maintenance of their inmate as well as

health and safety standards. A copy of the inmate Barbers training will be attached to their signed job descriptions”.

Recommendation

Adhere and comply with the CSP-LAC OP #516

IV. HEALTH AND SAFETY

A. Environmental Health and Safety

1. Hazardous Materials Spills

Hazardous materials spills are not mitigated timely and in accordance to LAC Managements expectations. For example there was a spill of hydraulic oil on March 17, 2008 and it was not mitigated until March 20, 2008.

This results in an increased threat to life, health and safety.

This practice is not in accordance to the Associate Hazardous Materials duty statement which states: Respond to and investigate subsequent action to be taken to mitigate the effects of a spill.

Recommendation

Mitigate spills in a timely manner to protect property, health, safety and environment.

2. Business Plan (Prior Finding)

The Business Plan is not current and complete. For example,

- The complete Plan has not been approved and signed by the Warden since 2004 (Business owner) before submission to Los Angeles County Certified Uniform Program Agency (CUPA) or Administering Agency (AA).
- Major changes to the Business Plan occurred, such as the name and phone number of the emergency contacts (primary and secondary).
- The Spill Prevention, Control and Counter Measure Plan (SPCC) have never been formalized and adopted for the above ground and underground storage tanks (UST).
- There are no written monitoring procedures.
- The site map is inaccurate. It does not denote the Administrative Segregation Unit (ASU) and the Enhanced Outpatient Program Unit (EOP)

This practice makes it difficult to determine accountability over the Business Plan and may result in an increased threat to life, health, and safety. In addition, the permit could be revoked.

CCR, Title 19, 2729.2, states in part, "A business subject to the requirements of Section 2729.1 shall complete and submit to the Certified Uniformed Program Agency (CUPA) or Administering Agency (AA), the following (1). The Business Activities Page, (2) The hazardous materials – chemical description, (3) An annotated site map, forms described and their completion instructions. A site map (public document) and storage map (confidential document) must be included in the Business Plan." LA County Permit conditions that states, "Major changes in the business plan, including the change of name or phone number of the 24 hour emergency contacts, must be reported to the CUPA or AA within thirty (30) days. The permittee must comply with, and maintain onsite, copies of a current permit and the attached: written monitoring procedures, emergency response plans, and a plot plan designating the location where monitoring will be performed.

Recommendation

Maintain a current/complete and approved Business Plan.

3. Hazardous Communication Program (Prior Finding)

We noted the following deficiencies regarding the Hazardous Communication Program.

Plumbing Shop A- Yard

- Material Safety Data Sheets (MSDS) did not include an index.

Maintenance Mechanics Shop-C Yard

- Indexing of MSDS binder is not user friendly.
- Labels on secondary containers are not complete.

Main Kitchen A-Yard

- Chemical storage area did not have appropriate signage indicating possible hazard.
- MSDS were not maintained and updated.
- Indexing of MSDS binder is not user friendly.
- The hazardous materials cabinet is not organized.
- Secondary containers are not labeled.

Water Treatment Plant and Waste Water Plant

- MSDS are not maintained and updated.
- Indexing of MSDS binder is not standard and not user friendly.

PIA Laundry

- MSDS were not maintained and updated.

PIA Detergent

- MSDS binder is not user friendly.
- Labels on secondary containers not complete.

Range

- No MSDS for the Oleoresin Capsicum Spray.

Housing Unit A-1

- Indexing of MSDS binder is not standard and not user friendly.

Support Warehouse

- Indexing of MSDS binder is not user friendly.

- Chemicals stored above eye level.

This results in an increased threat to life, health and safety. In addition, the purpose of evaluations and fiscal control audits are not met.

The CCR title 8 section 5194 Hazard Communication Program, states in part “Department heads shall monitor daily compliance with this procedure in the areas of their responsibility ... “ Each area supervisor shall ensure that every person required to work with or use hazardous, toxic, volatile substances is appropriately trained” DOM 52030.2 which states “ This procedure shall establish a method for the identification, receipt, training, issue, handling (or use), inventory and disposal of hazardous substances, which is in compliance with all federal, state and local laws or ordinances”. DOM 52030.4.1 states in part “Maintain a constant daily inventory of all hazardous substances used or stored. . . “DOM, Article 17, section 22080.3 Responsibility-PFAB which states in part “PFAB shall assist the Director and other departmental executives with increasing the effectiveness of management by systematically reviewing departmental activities to provide recommendations for improvements”...

Recommendation

Adhere and comply with the Hazard Communication Program and the DOM.

B. Occupational Health and Safety

1. Labor Management Health and Safety Committee Meetings

The attendance for the labor-management health and safety committee is inconsistent. See table below:

February 2008	50 percent attendance
January 2008	38 percent attendance
December 2007	27 percent attendance
November 2007	61 percent attendance
October 2007	77 percent attendance
September 2007	33 percent attendance
August 2007	94 percent attendance
July 2007	100 percent attendance
June 2007	55 percent attendance
May 2007	66 percent attendance
April 2007	61 percent attendance
March 2007	55 percent attendance

This practice gives the appearance that day to day safety issues are not raised and possibly resolved, and safety is given a low priority.

The LAC IIPP, Section III states “Safety Committee members SHALL: attend an actively participate in monthly Safety Committee Meetings. DOM 31202.5.1.1 states in part “The hiring authority shall appoint and maintain an active committee represented by the lead supervisor and an alternate from each major interest and/or work area involved”.

Recommendation

Adhere and comply with the DOM and the SAM.

2. Exposure Control Plan

LAC’s written site specific Exposure Control Plan has not been reviewed and or updated since 1999. The updates should include but be not limited to;

- The post exposure providers.
- The locations of Personal Protective Equipment (PPE).
- Infection control practices and or policy /procedures for soiled linen.
- Infection control practices and or policy /procedures for Methyl Resistant Staphylococcus (MRSA) and Norwalk virus (Noro virus).

This may result in staff in jeopardy of coming in contact with hazardous substances that may transmit diseases.

LAC Blood Borne Pathogens (BBP) and Exposure Control Program (ECP). REVIEW AND UPDATE OF THE EXPOSURE CONTROL PLAN, Page 2.8 states “The department recognizes the importance of keeping the ECP up-to-date. This will be the responsibility of the ECF and the ECC. All proposed changes shall be submitted to the PHS for review and approval. The PHS is responsible for providing updates and revisions as necessary. The ECP shall be reviewed and updated under the following circumstances.

- A.** Annually;
- B.** When new or modified task and procedures are implemented ;
- C.** When new and functional positions or job classifications within the institution or division are established, which may involve possible exposure to BBP;
- D.** On a regular basis to review engineering and work practices controls their regularly scheduled maintenance logs , and to update them to ensure their effectiveness;
- E.** In response to data gathered since the last update regarding exposure incidents documented on the sharps injury log;
- F.** In response to any information received regarding possible deficiencies or needed improvements; and
- G.** To assess progress made in environmental controls for the purpose of decreasing risk to BBP.

Recommendation

Adhere and comply with the LAC BBP ECP program and the Medical Waste Management Act, section(s) 117600-118360.

3. Workplace Hazards

The system for identifying work place hazards and communicating work place hazards is not performed in accordance to the LAC-IIPP. Staff is not supplied with access to current hazard information pertinent to their work assignments. We noted the following deficiencies. The institutions Codes of Safe practices and Hazard Evaluations are incomplete. They are missing the date they were prepared and the name and title of the preparer.

This issue makes it difficult to determine who prepared the codes and date of last review.

The LAC IIPP section IV states “The Occupational Hazard Evaluation Form contains documented preventative procedures. Copies are maintained at the division Head and the Departments Head office, the Fire Chiefs’ office and the work area. The Occupational Hazard Evaluation Form was used to develop a Code of safety practices for each work area and occupational category. Codes of safety practices will be evaluated annually by the department or more frequently if circumstances arise which indicate a need to review and or make necessary changes”.

Reference: CCR title 8 sections 1669-1672

Recommendation

Adhere to the LAC, IIPP program.

4. Bio Hazardous Waste

Bio-hazardous waste containers and red bags used for the disposal of bio-hazardous waste are not used in accordance to the DOM supplement 5200. We inspected A, B, C and D clinics and noted the following deficiencies:

- Staff was storing dust pans, brooms and rags on top of the bio-hazardous containers,
- Space heaters are stored in front of bio-hazardous containers and block the access
- In one instance a red bag was found on the floor with contents unknown and
- There is no posted schedule for pick up.

During the inspection we could not ascertain if the above mentioned items had been contaminated with/by the bio-hazardous waste.

This results in staff in jeopardy of coming in contact with hazardous substances that may transmit diseases.

LAC DOM supplement 5200 dated August 31, 2006, states in part, "The purpose of this procedure is to provide a consistent method of handling contaminated linen and clothing. . .It is to prevent the spread of disease to staff and inmates and comply with State Health and Safety Regulations. This policy shall be strictly adhered to by all staff.

Recommendation

Adhere and comply with the DOM supplement and the Medical Waste Management Act , section(s)117600-118360.

V. INTERNAL CONTROL

A. Conflict of Interest

The California Form 700 has not been completed for 2007 by all designated staff. There are approximately 45 forms that have not been completed and submitted to personnel.

This condition may result in late detection of incompatible activities, irregularities, theft and/or misappropriation.

Departmental Memorandum dated February 6, 2008, states in part, "All employees who are occupying positions designated within the California Department of Corrections and Rehabilitation's Conflict of Interest (COI) Code are obligated to annually disclose economic and financial matters as well as on other required occasions, such as assuming and/or leaving designated positions."

Recommendation

Determine which classifications require a completed Form 700. Ensure that all staff within those classifications receives, completes and returns the Form(s) to personnel staff.

B. Distribution of Salary Warrants (Prior Finding)

The control over the distribution of salary warrants is inadequate. We noted that the four paymasters identified are also unit timekeepers or approve CDCR 998-A's.

The practice could result in late detection of error and irregularities.

SAM Section 8580.1, Duties Incompatible with Handling of Salary Warrants, states, "Persons designated by agencies to receive salary warrants from SCO, or to distribute salary warrants to employees, or handle salary warrants for any purpose personnel documents: Absence and Additional Time Worked Report for, Std. 634 (which has been replaced by the CDC 998-A).

Recommendation

Update current paymaster listing and establish a procedure that includes an annual review process. Also, provide training and monitor for compliance.

C. Inmate Trust Accounting

There are reconciling items on the January 2008 bank reconciliation that have not been resolved and date back to 1994 through June 2007.

This condition results in difficulties resolving reconciling items as time passes.

SAM Section 7923 Bank Reconciliation, states in part, “agencies will reconcile their Trust Fund Cash accounts monthly with the Treasurer’s bank balance and other reconciling items.”

Recommendation

Research and resolve reconciling items within 30 days of their occurrence.

Files of all group accounts which include by-laws and approval documents are not maintained properly. Balances could not be provided.

This issue may result in late detection of errors or irregularities.

SAM 19440.1 states in part, “Each trust account established shall be supported by documentation as to the type of trust, donor or source of trust monies, purpose of the trust, time constraints, persons authorized to withdraw or expend funds, specimen signatures, reporting requirements, instructions for closing the account, disposition of any unexpected balance, and restrictions on the use of monies for administrative or overhead costs. The documentation will be retained until the trust is dissolved.”

Recommendation

Establish procedures to properly identify and maintain all group accounts and any combined group account monies.

D. Maintenance Warehouse (Prior Finding)

Separation of duties is inadequate when one M&SS II controls the inventory, orders and distributes supplies and conducts physical inventory counts.

This issue may result in late detection of errors, irregularities, theft and /or misappropriation.

SAM Section 20050, “...the elements of a satisfactory system of internal accounting and administrative controls, shall include, but are not limited to:

1. A plan of organization that provides segregation of duties appropriate for proper safeguarding of state assets...”

Recommendation

Ensure that no one person has significant control over inventory transactions.

E. Support Warehouse

Inventory adjustments are not posted by someone independent of the warehouse.

This condition may result in late detection of errors, irregularities, theft and/or misappropriation.

SAM Section 20050, "...the elements of a satisfactory system of internal accounting and administrative controls, shall include, but are not limited to:

2. A plan of organization that provides segregation of duties appropriate for proper safeguarding of state assets..."

Recommendation

Ensure that no one person has significant control over inventory transactions.

VI. LATE DETECTION AND ADDITIONAL WORKLOAD

A. Personnel

1. Classification and Pay

a. Two Request for Personnel Action (RPA) were processed without the approval of the Associate Warden of Business Services and the Warden. The appropriate duty statement and organizational chart were missing from every RPA reviewed. Additionally, a Chief Engineer was appointed to a limited term position. However, a permanent appointment was made to fill behind the Chief Engineer's limited term appointment.

Illegal appointments can occur without proper approval and documentation. Also, filling behind a limited term position with a permanent full-time position can create a layoff situation.

DPA Classification and Pay Manual and Government Code 19818 provide the criteria for processing RPA's.

Recommendation

The hiring supervisor should attach the duty statement and organization chart to every RPA document when the recruitment process begins. The Classification and Pay analyst should be reviewing the appropriateness of duties and reporting relationships. A second review of the same should be conducted by the IPO prior to a hiring commitment and before signing the RPA for approval of the hire.

b. Two employees were appointed to Correctional Sergeant positions without the use of a certification list. Additionally, employment inquiries were not sent to candidates on the list and an old certification list was used to clear a new certification list. Lastly, the two employees were not in reachable ranks on the new list.

This issue constitutes an illegal hire and LAC could lose their delegation to process appointment documents.

G.C. 19057.1 – List Clearance, PTM Section 76 – Clearing Employment Lists and PMPPS Section 395 – Illegal Appointments provide criteria for appointment.

Recommendation

Ensure there is an appointment package with appointing power signature for all appointments. Take immediate steps to correct illegal appointments; requires memo to HQ. Move permanent full time employees from 918 blanket into authorized position.

c. Twelve of seventeen files reviewed did not have appropriate certifications/approvals for IWSP. For example, medical clearances were not on file. Additionally, we could not determine if annual audits were conducted.

Employees may be overpaid.

PMPPM, Medical Clearances, Section 395 and the CA. State Civil Service Pay Scale Pay Differential 67 provide criteria.

Recommendation

Immediately conduct a review of all employees receiving IWSP and ensure hiring supervisors initiate the appropriate documentation for those employees supervising inmate workers. Steps should be taken to immediately remove the pay differential from employees that are not entitled to receive the pay.

2. Salary Advances (Prior Finding)

The personnel staff has taken action on 11 of the 33 Salary Advances identified during the last audit in February 2007. According to the Monarch report from the Regional Accounting Office (RAO), dated February 11, 2008, there are currently 8 salary advances outstanding over 90 days that have had no action taken to collect. The 8 salary advances total \$18,337.47.

This practice results in difficulty clearing aged advances, creates additional workload and gives the appearance of an interest free loan.

SAM, Section 8595, Revolving Fund Advances, states, "Normally, agencies will make revolving fund payments to employees for salary earned only when (1) there have been error or delays in submitting or processing documents making it impossible for the State Controller's Office to prepare and deliver proper salary warrants with a reasonable time, ..." Also, according to SAM Section 8776.7, Employee Accounts Receivable, State, "Departments will notify employees (in writing) of overpayments and provide them an opportunity to respond

Recommendation

Initiate clearance of old salary advances and ensure salary advances are cleared timely. Also, monitor the process for compliance.

3. Accounts Receivable (Prior Finding)

The personnel staff has taken action on 73 of the 104 Accounts Receivable Identified in the last audit conducted in February 2007. According to the Monarch Report from the Regional Accounting Office (RAO), dated February 11, 2008, there are 31 AR's outstanding over 90 days that have had no action taken to collect. The 31 AR's total \$16,252.55.

This condition makes it difficult to collect money owed to the State and gives the appearance of interest-free loans. Also, it could create an additional workload and be a hardship to the employee when collections efforts begin.

Accounting Instructional Memorandum 99-09, Accounts Receivable Process, Section A, "the employees must repay any overpayment, to employers." Also, according to SAM Section 8776.7, "Departments will notify employees (in writing) of overpayments and provide them an opportunity to respond."

Recommendation

Initiate clearance of old AR's and ensure AR's are cleared timely. Also, monitor the process of compliance.

4. Position Control

a. Currently, there are 22 Correctional Officers (C/O) in the 918 blanket and the institution has no vacant positions currently or any in the future to place them in. In addition, there are 30 C/O orders from future academy's to be placed at this institution. Also, there are two deactivations cutting 16.92 C/O positions. Therefore, there are potential 68.92 C/O position allocated for pay.

This practice over expends the budget authority.

SAM Section, 8531, Established Positions, states, "No employee may be appointed except to a position which has been properly established and approved by the Department of Finance to fix its class title, duration, organizational function, and the budget allotment from which the salary is payable."

Recommendation

Review the current number of correctional officer position in 918 blanket and the likelihood of vacant positions to move these correctional officers into and take the appropriate action.

b. Positions in the reporting unit 210 are using the 700 series for their serial number. The 700 series of serial numbers is reserved for employees in interchangeable classes.

Using the series may complicate the calculation of salaries when processing budget reconciliation.

Payroll Procedures Manual (PPM), Established Positions, C 307, Serial Number 307, Serial numbers in the 700 and 800 series are reserved for employees in interchangeable classes.

Recommendation

Process Std 607's to correct the position numbers.

c. Twenty-nine of the 107 positions identified on the March 1, 2008 Periodic Position Control Report resulted in over-expending LAC's budget authority.

This practice results in over-expenditure of the budget authority.

Payroll Procedures Manual (PPM), Periodic Position Control Report Monthly, C 309, states, Periodic Position Control (PPC) Report lists each position in which

personnel-months expended exceed personnel-months authorized by form STD. 607; I.e., payments were issued from unauthorized positions.

Recommendation

The Position Control must process STD 607s to correct those position numbers.

B. Personnel Transactions

The Custody Sign In/Out Sheets are incomplete. For example, Captains are not signing them when a Lieutenant's name appears.

This issue could result in the manipulation of time and late detection of inappropriate use of leave.

Personnel Post Assignment Program (PPAS) Timekeeping User Manual, Section Custody Sign/Out Sheet Overview, Completed Custody Sign In/Out Sheet, states in part, Final Review and Approval: "... If a Lieutenant's name appears on the Custody Sign In/Out Sheet, a Captain, or above, will need to sign for the individual."

Recommendation

Provided more extensive training to supervisors, than what was provided on September 19, 2008, and monitor for compliance.

Twenty-five percent of Lieutenants and 26 percent of Sergeants did not submit a CDC-998-A for the December pay period. Additionally, Custody supervisors are approving CDC-998-As without appropriate substantiation for military and sick leave.

This practice diminishes management's ability to manage leave usage and results in additional workload.

Administrative Bulletin (AB) 04-01, Attendance Record Policy – BU 06 and aligned Non-Represented Employees, states in part, "The Department of Personnel Administration Rules, Section 599.665 and 599.702, Government Code Section 19849, and the Fair Labor Standards Act (FLSA), Chapter VI, requires all departments to maintain complete and accurate time and attendance records for each employee covered by the FLSA. CDCR's policy establishes a process and timeframe for submitting time and attendance records to the Personnel Office to meet mandated requirements. Properly documented records ensure accurate and timely pay."

Recommendation

Provide more extensive training to supervisors, than what was provided on September 19, 2008, and monitor for compliance.

C. Trust

1. Obsolete Checks

There are obsolete checks that have not been properly destroyed. There may be as many as 300-500 checks.

This condition may result in late detection of missing state funds.

SAM 1750 states in part, "Each agency is responsible for the appropriate disposal of unused (blank accountable forms (examples are checks, receipts, etc.)."

Recommendation

Properly document and destroy obsolete checks.

2. Holds

Holds on inmate funds are not processed in a timely manner. Eleven holds were sampled and all should have been released.

This results in additional workload and loss of funds to the State.

ITAOOG 235 states in part "... A hold placed on incoming checks will automatically drop in 30 days and may never cause a problem for the inmate." Also ITFM, states in part, "All holds that cannot be collected in the 30-day period will be released."

Recommendation

Ensure that all holds on accounts are released timely. Review the holds report on a regular basis to ensure that funds are not lost, and are released when appropriate.

3. Outstanding Checks

There are 45 outstanding checks over 1 year old that have not been canceled.

This practice could result in difficulty determining if checks are cleared and reconciled to accounts, as well as, loss of interest income.

SAM Section 8042 states in part, "...trust fund checks have a one-year period of negotiability."

Recommendation

Clear outstanding checks on a monthly basis.

4. Uncleared Collections

Procedures do not exist to identify the disposition of uncleared collections. Additionally, supporting documentation for old items is not available.

This practice makes in difficulties resolving uncleared collections as they age. SAM Section 7826, states in part, "Uncleared Collection File/Receipts for cash or other document supporting cash receipts, the disposition of which cannot be identified or which cannot for any reason be cleared as revenue, reimbursements or abatements are placed in this file. They are removed and disposition noted thereon as the items are cleared and applied or refunded." Accounting Informational Memorandum (AIM) 98-02, states in part "Uncleared Collections is reviewed at the end of each fiscal month. Balances in excess of thirty days old require written plan of action for disposition of balances. The written plan requires the signature, title and date of the reviewer."

Recommendation

Establish procedures to reconcile Uncleared Collections report on a monthly basis, properly identify outstanding items over thirty days with source documents, and promptly follow up on and/or clear the previous month items.

D. Support Warehouse

1. Std. 115s: Prior Finding

Std 115's are not always completed properly. Ninety Std. 115s were reviewed. Thirty were found to be incomplete. For example, the following was missing, Signature/name/title of requester, received and approver.

Also, in some instances the requester was also the approver.

DOM 22030.11.7 Distribution of Material, states in part, "The requisition show...the signatures of requester...shall be signed by the approving officer...the person who ordered them shall check the quantity received, sign the receipt portion."

Recommendation

Complete all areas of the Std. 115.

E. Plant Operations

We reviewed the Work Supervisors Log, (CDC 1697) at the weld, and paint shops. We noted that the CDC 1697s are not maintained in accordance with the work/training incentive guidelines. The following deficiencies were noted:

- Initials are used instead of signatures.
- Exceptional time is not noted in hourly increments.
- Inmate work supervisors do not sign inmate duty statements.
- The position number assigned by the Inmate Assignment Office (IAO) does not reconcile to position number on the CDC 1697.

This results in inaccurate documentation of inmate work time.

DOM, Section 53130.11.1, states in part use "S" with the number of hours an inmate is unable to report to work through no fault of the inmate . . . Additional entries position/assignment number of the inmate ..." CCR, Title 15, Section 3045 Timekeeping and Reporting, states in part, "Supervisors shall be responsible to record and report all work/training time and absence ..., DOM 53130 which states in part, "The CDC 1697 will be filled out on a daily basis in black ink ...When logging in/out time, the work supervisor is required to sign with signature (not initials) ...work supervisors will complete the CDC 1697 ensuring that all exceptional time is noted ..."

Recommendation

Complete the CDC 1697 as events occur. Maintain IWTIP documents in accordance with IWTIP guidelines and the, DOM 53130.

F. Garage

Preventative maintenance is not performed on equipment and carts in accordance with the maintenance schedule. Forty-nine of sixty-six (i.e. 74 percent) equipment items and forty-six of eighty-one (i.e. 57 percent) carts are past due for maintenance.

This condition may result in late detection of mechanical problems, increased costs of repair and increased downtime.

SAM 4107, Travel Logs, states in part, "Agencies/departments will maintain Monthly Travel Log Form, Std. 273, on all State-owned passenger mobile equipment..."

SAM Section 4101, "It is the responsibility of agencies/departments to insure compliance with minimum preventive maintenance standards for state-owned mobile equipment. This includes, but is not limited to, prescribed lubrication service and mechanical inspection on a mileage or time basis."

Recommendation

Provide a monthly reminder or status of non-compliant vehicles, carts and equipment to all staff.

G. Food Services

The following deficiencies were noted related to inmate timekeeping in the Main Kitchen, A Satellite and the Minimum Security Facility:

- Initials are used instead of signatures.
- Inmates are not signed in/out when their shift is beginning and ending.
- Transfer in/out dates and the DMS number are missing.
- Exceptional time is not noted.

This condition may result in increased errors, increased workload, and delay in processing inmate pay.

CSP, LAC Inmate Work/Training Supervisors Manual Provide criteria for processing inmate pay.

Recommendation

Initiate procedure for corrective action for findings from your regular internal audits of inmate time keeping. Reinforce with additional training for Food Service staff.

H. Non-Drug Medical (Prior Finding)

The non-drug medical warehouse has the following deficiencies:

- Inventory reconciliations are not performed.
- Stock records are not maintained.
- Std. 115's are incomplete

These issues result in the late detection of errors, irregularities, theft and/or misappropriation.

SAM 20050, Internal Controls, states, "...the elements of a satisfactory system of internal accounting and administrative controls, shall include, but are not limited to: 1) A plan of organization that provides segregation of duties appropriate for proper safeguarding of state assets...4) An established system of practices to be followed in performance of duties and functions in each of the state agencies."

DOM 22030.10.1 Stock Records, states, "Stock records shall be maintained by using a manual card or computerized inventory control system."

DOM 22030.11.8, Physical Inventory of Materials, states, "A count of every inventory item held in storage shall be taken annually on all materials in all warehouses, storerooms, and maintenance shop storage areas. More frequent inventories are acceptable if experience indicates that reducing the interval between physical inventories shall result in less time being consumed in the reconciliation of records."

Recommendation

Establish written desk procedures for the performance of central supply duties. Maintain perpetual inventory records for all items that exceed a working stock (30 day) supply. Label all shelves with stock numbers. Perform inventory counts and spot checks of physical inventory at least monthly.

**OFFICE OF AUDITS AND COMPLIANCE
AUDITS BRANCH**

CALIFORNIA STATE PRISON, LOS ANGELES COUNTY

GLOSSARY

AB	Administrative Bulletin
CAP	Corrective Action Plan
CDC 1697	Inmate Timecard
CDC 998-A	Employee Attendance Records and PALS Worksheet
CDCR	California Department of Corrections and Rehabilitation
DIR	Daily Inventory Record
CRFC	California Retail Food Code
DMS	Daily Movement Sheet
DOM	Department Operations Manual
FIM	Financial Information Memorandum
FLSA	Fair Labor Standards Act
GC	Government Code
IB	Informational Bulletin
IDL	Inmate Day Laborer
ITAOOG	Inmate Trust Accounting Office Operational Guide
ITAS	Inmate Trust Accounting System
ITFM	Inmate Trust Fund Manual
LAC	California State Prison, Los Angeles County
ML	Military Leave
MLD	Military Leave Drill
OAC	Office of Audits and Compliance
OP	Operational Procedure
OPF	Official Personnel File
PPAS	Personnel Post Assignment System
PPC	Periodic Position Control
PPM	Payroll Procedures Manual
PWS	Prevailing Wage Sheets
SLAMM	State Logistics and Materials Management
Std. Form 115	Order for Storeroom Supplies
Std. Form 607	Change in Established Position

SAMPLE FORMAT CORRECTIVE ACTION PLAN				
Item #	Audit Finding	Responsible Personnel	Proposed Action	Date to be Completed
A.1	<p>WRITTEN NOTICE</p> <p>Of the 30 records reviewed, 24 (80 percent) contained a clearly stated date and reasons for placement in part I, Notice of Reasons for Placement date. The remaining three records failed to clearly document the reason for placement in sufficient detail to enable the inmate to prepare a response or defense.</p>	<p>Facility Captain Do Not use individuals names and do Not use Acronyms.)</p>	<p>A. Facility Captains will ensure that each inmate placed in Administrative Segregation will have the placement date included on all CDC 114-Ds processed.</p> <p>B. Training will be provided by the Facility Captains to ensure sufficient information is documented in abundant detail in order for an inmate to articulate a response or defense</p>	2/2/2006

California Department of Corrections and Rehabilitation
Office of Audits and Compliance
Information Security Office



Information Security Review
California State Prison - Lancaster
March 10 through March 21, 2008

INFORMATION SECURITY OFFICER
Allen J. Pugnier

**Information Security Compliance Review
California State Prison - Los Angeles County
March 19-21, 2008**

The Office of Audits and Compliance (OAC), Information Security Branch (ISB), conducted an Information Security Compliance Review of CSP-Los Angeles County (CSP-LAC) between March 19, 2008 and March 21, 2008. The review covered 18 different areas. CSP-LAC was fully compliant in 2 areas, partially compliant in 0 area, and non-compliant in 16 areas. The overall score for the institution was twenty two per cent (**22%**). The chart below summarizes these outcomes.

FINDINGS SUMMARY:

		Score	Compliant	Partial Compliance	Non Compliant
STAFF COMPUTING ENVIRONMENT					
1.	Use Agreement (Form 1857) is on file.	42%			NC
2.	Annual Self-Certification of Information Security Awareness and Confidentiality forms are on file.	42%			NC
3.	Information security training is current.	0%			NC
4.	Staff log on using own password.	100 %	C		
5.	Network access authorization is on file.	100 %	C		
6.	Physical locations of CPUs agree to inventory records.	29%			NC
7.	Staff CPUs labeled "No Inmate Access."	21%			NC
8.	Staff monitors are not visible to inmates.	29%			NC
9.	Anti virus updates are current.	14%			NC
10.	Security patches are current.	14%			NC

INMATE COMPUTING ENVIRONMENT (Education, Library, Clerks)					
11.	Physical location of CPUs agree to inventory records	0%			NC
12.	CPU labeled as inmate computer.	0%			NC
13.	Anti virus updates are current.	0%			NC
14.	Inmate monitors are visible to supervisor.	0%			NC
15.	Portable media is controlled.	0%			NC
16.	Telecommunications access is restricted.	0%			NC
17.	Operating system access is restricted.	0%			NC
18.	Printer access is restricted.	0%			NC

Total of Tests	2	0	16
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Overall Percentage 22%^[1]

^[1] Scores for computer-related tests reflect the results of testing on the locatable sample computers only. The institution has not maintained an accurate IT inventory. Of the 23 computers we attempted to locate using the local inventory, there are **19** computers still missing (10 staff computers and 9 inmate computers).

**Information Security Compliance Review
California State Prison - Los Angeles County
March 19-21, 2008**

OBJECTIVES, SCOPE AND METHODOLOGY

The objectives of the Information Security Compliance Review were to:

- Assess compliance to selected information security requirements,
- Evaluate other conditions discovered during the course of fieldwork that may jeopardize the security of information assets of the facility or of the Department, and
- Provide information security training for management and staff.

The Information Security Branch (ISB) did not review any Prison Industry Authority computers.

In conducting the fieldwork the ISB performed the following procedures:

- Interviewed senior management, information technology staff, institutional staff, and computer users.
- Asked staff to provide evidence that all authorized computer users had Acceptable Use Agreement forms and appropriate training support documentation on file.
- Tested selected information security attributes of users and IT equipment using three different population samples. This included both the staff and inmate computing environments.
- Reviewed various laws, policies and procedures, and other criteria related to information security in the custody environment.
- Conducted physical inspection of selected computers.
- Observed the activities of the information technology support staff.
- Analyzed the information gathered through the above processes and formulated conclusions.

FINDINGS AND RECOMMENDATIONS

The ISB provided a copy of our review guide to your IT staff. It contains criteria and detailed methodology. That information, therefore, is not duplicated under each finding.

ISB's findings and recommendations are listed below. ISB staff discussed them with management in an exit conference following our fieldwork. Please contact us if you would like to discuss further any of these issues.

**Information Security Compliance Review
California State Prison - Los Angeles County
March 19-21, 2008**

1 Computer Use Agreement Forms (Form 1857) are not on file for all computer users. (42% compliance)

Recommendation: Require all staff users to complete Form 1857 before being granted computer access. All Contractors, volunteers or visitors who use CDCR computers are required to complete a Form 1900 before being granted access. (DOM 48010.8, 48010.8.2)

Best Practice: All needed forms can be found on the CDCR Intranet page for the Information Security Office.

2. Self-certification of annual information security awareness and confidentiality is not on file for all computer users. (42% compliance)

Recommendation: Require all computer users to self-certify their information security awareness and confidentiality agreement on an annual basis using form CDCR ISO-3025 or equivalent. (DOM 49020.10.1)

3. Information security training is not current for all computer users including both staff and contractors. (0% compliance)

Recommendation: Review information security training procedures and training records maintenance. Require that all computer users receive annual information security training. Require appropriate documentation of the training. (DOM 49020.14.1, 41030.1)

Best Practices: The information security awareness training material is located on the CDCR intranet on the ISO's web page.

4. Physical locations of staff computers do not agree to inventory records. (29% compliance)

Recommendation #1: Maintain accurate inventory records. Evaluate procedures and resources used to maintain inventory records. (DOM 46030.1, 49010.4)

Recommendation #2: The **10** un-locatable staff computers must be found within the 30-day period allowed for developing the corrective action plan. The institution must certify in writing that the un-locatable computers were

**Information Security Compliance Review
California State Prison - Los Angeles County
March 19-21, 2008**

found or properly surveyed out. The list of un-locatable computers is shown below, sorted by computer location.

Computer Location	Property Tag Number(s)
Bldg 432 Room 154	LL11292
Bldg 451 Room 100 (Triple)	LL67852
Bldg 451 Room 100 (Triple)	LL11300
Bldg 451 Room 134 Infirmary	LL11980
Bldg 451 Room 134 Infirmary	LL04393
Bldg 551 Room 101	LL11517
Bldg 551 Room 107 Fac A	LL08413
Bldg 552 Room 185 B Fac	LL10782
Bldg 800 Room 127	LL11303
Bldg 800 Room 154 Delegated Testing	LL12069

Best Practices: A software solution, such as "i-Inventory," should be considered to meet the needs of IT staff. Local IT staff should maintain a dynamic inventory; updating the inventory each time they relocate or service a computer. The institution should consider using hand held computers (Black Berry or Treo) to access the help ticket system and to post inventory while in the field. (This feature is currently being developed by the Enterprise Information Systems.)

5. Staff monitors and computers are not correctly labeled, "No Inmate Access." (21% compliance)

Recommendation: Each computer in a facility shall be labeled to indicate whether or not inmate access is authorized.
(Title 15 3041.3(d) and DOM 49020.18.3, 42020.6)

Best Practice: Affix appropriate labels to both the monitor and the CPU.

6. Staff monitors are visible to inmates. (29% compliance)

Recommendation: Reposition staff monitors or use privacy screens to shield monitors from inmate view. (DOM 47040.3, 49010.1)

7. All Staff computers do not have up-to-date antivirus software. (14% overall compliance).

Recommendation: Update antivirus software on all staff computers at least monthly. (DOM 48010.9)

**Information Security Compliance Review
California State Prison - Los Angeles County
March 19-21, 2008**

- 8. All Staff computers do not have up-to-date security patches. (14% overall compliance).**

Recommendation: Update security patches on all staff computers.
(DOM 48010.9)

- 9. Physical locations of inmate education computers do not agree to inventory records. (0% compliance)**

Recommendation #1: Maintain accurate inventory records of all inmate computers. (DOM 46030.1, 49010.4) Evaluate procedures and resources used to maintain inventory records on inmate computers.

Recommendation # 2: The **9** un-locatable inmate computers must be found within the 30-day period allowed for developing the corrective action plan. The institution must certify in writing that the un-locatable computers were found or properly surveyed out. The list of un-locatable computers is shown below, sorted by computer location.

Computer Location	Property Tag Number(s)
Bldg ? Room ? (E)	LL11405
Bldg ? Room 137 (E)	LL10418
Bldg 446 Room 150 (E)	LL09687
Bldg 502 Room 110 (E)	LL07320
Bldg 523 Room ? (E)	LL10633
Bldg 523 Room ? (E)	LL10629
Bldg B Room 502 (E)	LL12167
Bldg B Room 502 (E)	LL12166
Bldg B Room 502 (E)	LL12185

- 10. Inmate computers are not labeled for inmate use only. (0% compliance)**

Recommendation: Affix proper labels to all inmate monitors.
(DOM 49020.18.3, 42020.6)

- 11. Inmate computers do not have up-to-date antivirus software. (0% compliance)**

Recommendation: Update antivirus software on all inmate computers.
(DOM 48010.9)

**Information Security Compliance Review
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**12. Inmate computer monitors are not visible to the supervisor
(0% compliance)**

Recommendation: The approved uses of workstations by inmates shall be carried out only under very tightly controlled circumstances. Inmates using computers must be under "direct and constant supervision."
(DOM 49020.18.3)

Best Practice: Position all inmate monitors so that the supervisor can see the screen easily.

13. Portable media is not controlled. (0% compliance)

Recommendation: Portable media must be tightly controlled and should not be allowed outside of controlled inmate work areas.
(DOM 49020.18.3)

**14. Inmate access to telecommunication devices is not restricted.
(0% compliance)**

Recommendation: Inmate access to outside telephone lines, fax machines, and network connections must be restricted.
(DOM 49020.18.3)

**15. Inmate access to the operating system is not restricted.
(0% compliance)**

Recommendation: Access to the operating system must be tightly controlled. Prohibit inmate access to the operating system.
(DOM 49020.18.3)

16. Inmate access to printers is not restricted. (0% compliance)

Recommendation: Reports and other printed output from inmate-utilized computers shall be reviewed closely by staff, and appropriate distribution of all printed material shall be monitored. (DOM 49020.18.3)

CALIFORNIA DEPARTMENT OF CORRECTIONS AND REHABILITATION
OFFICE OF AUDITS AND COMPLIANCE

PROGRAM COMPLIANCE REVIEW

REPORT OF FINDINGS

EDUCATION
COMPLIANCE

CALIFORNIA STATE PRISON, LANCASTER

MARCH 10 THROUGH 21, 2008

PRELIMINARY



CONDUCTED BY

COMPLIANCE/PEER REVIEW BRANCH

EXECUTIVE SUMMARY

OFFICE OF AUDITS AND COMPLIANCE

EDUCATION COMPLIANCE BRANCH REVIEW

California State Prison, Los Angeles County

March 12-21, 2008

TEAM MEMBERS:

*Raul Romero, Associate Superintendent, OAC
G. Lynn Hada, Principal, OAC
Beverly Penland, Vocational Vice-Principal, OAC
John Jackson, Academic Vice-Principal, OAC
Sarita Mehtani, Academic Vice-Principal, OCE-ESEA, EOP, DDP
Mark Lechich, Academic Vice-Principal, OCE-WIA
Gary Sutherland, Associate Superintendent, OCE-Federal Grants Programs*

262 Areas Reviewed

CATEGORIES	PERCENTAGE
Education Administration	30 ÷ 72 = 42%
Academic Education	34 ÷ 70 = 49%
Vocational Education	28 ÷ 40 = 70%
Library/Law Library	26 ÷ 28 = 93%
Federal Programs	11 ÷ 43 = 26%
Developmental Disability Program	4 ÷ 9 = 44%
Total:	133 ÷ 262 = 51%

Your Corrective Action Plan (CAP) must address each of the deficiencies listed below. The CAP must be submitted to the Superintendent of the Office of Correctional Education for review and/or modification. The CAP then is due to the Office of Audits and Compliance (OAC) for review within 30 days after your receipt of the preliminary report from OAC.

EXECUTIVE SUMMARY
Office of Audits and Compliance Educational Compliance Branch
ADMINISTRATION SECTION

I. EDUCATION ADMINISTRATION:

43% COMPLIANCE

Deficiency:

#1 Does the Principal maintain a budget tracking system to monitor the school departments' complete budget? Is there an annual spending plan to determine sub-allotments to programs, expenditures and their balance? There is a hand-written budget tracking plan. The school has no spending plan in place. Recommend that the budget tracking plan be computerized and an annual spending plan be developed.

#2 Based upon current policy (amount of budget allotted) does it appear that a viable spending plan is in place in order for allocated funds to be fully utilized by year end? There is no spending plan in place. For the current budget allocation and therefore it could not be determined if allotted funds will be fully utilized by year end.

#5 Are allocated funds for the Bridging Programs including Arts In Corrections (AIC) used to provide program services to inmates? No funds have been expended for the Bridging Education Program or the Arts In Corrections.

#6 Are law library purchases funded by the institution's general budget? There is an ongoing attempt by CDCR Administration to resolve the use of Program 25 vs. Program 45 monies to operate Law Libraries. The ongoing discussions to resolve this funding issue are taking place between Adult Operations and Adult Programs headquarters staff.

#7 Is the school following the Education Hiring Steps and Responsibilities memo and matrix dated July 13, 2006 instructions when filling vacancies? The principal did not have a copy of the memo and the institution personnel office has their own procedures. Most steps in the matrix are followed but not exactly the same.

#8 Are the Education Monthly Report (EMR) and the Education Daily Report (EDR) accurate and being completed and submitted on a timely basis? The school is in the process of resubmitting all of the Fiscal Year Education Monthly Reports due to major inaccuracies. However a review of the February 2008 Education Monthly Report that was submitted revealed further inaccuracies.

#9 Has adequate space and equipment been provided for staff to perform the required duties of the Reception Center/General Population Bridging Education Program, Arts In Correction Program and the TV Specialist? There is inadequate space due to medical programs taking over classroom and library space. Some teachers lack computers and other equipment. The TV Specialist space and Arts In Corrections program space is good. There is no TV Specialist due to the resignation of the prior staff on 5/18/07.

#10 Are all instructional and supervisory staff credentialed appropriately within subject matter area where they are assigned? Some teachers and supervisors did not have all of the proper credentials on file.

EXECUTIVE SUMMARY
Office of Audits and Compliance Educational Compliance Branch
ADMINISTRATION SECTION

#12 Are 100% of the staff job descriptions and duty statements on file and applicable to current position? **There were no signed duty statements in the office. There was a binder of unsigned generic duty statements.**

#13 Does the institution have an Operational Procedure (OP) that addresses the legislative mandates of the Bridging Education Program? **The Bridging Education Program Operational Procedure is out-of-date, dated June 2006.**

#14 Does the institution have an Operational Procedure for the Education Program? Does it use Department Operation Manual Chapter 10 as an inclusion? **There is no Education Operational Procedure available.**

#16 Are all staff appropriately working and/or assigned within the education program? **The Correctional Offender Management Profiling positions for Alternative Sanctions teachers are not in the proper position numbers. One bridging instructor is currently working for the California Prison Industry Authority (CALPIA) for a 90 day period that begun February 21, 2008 and is being paid out of DEVOP education funds under an agreement between the CALPIA General Manager and Division of Education, Vocations, and Offender Programs (DEVOP) Director.**

#17 Do all staff within the education program report to, and are under the Principal's supervision? **One bridging instructor is currently working for Prison Industry Authority for a 90 day period that begun February 21, 2008 and is being paid out of DEVOP education funds under an agreement between CALPIA General Manager and DEVOP Director.**

#18 Is the Bridging Program (Reception Center/General Population/Arts In Corrections) fully staffed with supervisory, instructional and ancillary personnel? **One bridging instructor is currently working for Prison Industry Authority for a 90 day period that begun February 21, 2008 and is being paid out of DEVOP education funds under an agreement between CALPIA General Manager and DEVOP Director.**

#22 Is there a system in place that is being utilized to ensure the tracking of inmates and their completed assignments during their transition from the Reception Center to the General Population Institution? **There is a rudimentary tracking system that is used sporadically but it does not always insure accurate tracking.**

#25 Is the Assessment Office Assistant (OA) performing duties delineated in the Assessment OA duty statement? **The Assessment OA supervisory file did not contain a copy of the Assessment OA duty statement. Additionally the OA has been given different non assessment duties to perform.**

EXECUTIVE SUMMARY
Office of Audits and Compliance Educational Compliance Branch
ADMINISTRATION SECTION

#28 Are all Alternative Education Delivery Model positions filled? There is no Distance Learning teacher assigned even though OCE records designated a position for this purpose. The teacher in the Distance Learning position number is instead assigned to an Adult Basic Education III classroom

#29 Do all Alternative Education Delivery Model faculties have the approved Alternative Education Delivery Model Duty Statement with required signatures? There are no duty statements available.

#31 Are all Alternative Education Delivery Model Programs operating as full-time programs that meet the program-wide quotas? Are all approved Alternative Education Delivery Model faculty schedules posted? There are no Alternative Education Delivery Model programs operational. A new teacher to be designates as an AEDM teacher is reporting the week of March 24, 2008.

#37 Does all supervisory staff conduct and record classroom visitations and observations on a quarterly basis? No records are maintained of classroom visitations.

#38 Does the Academic Vice-Principal/Vocational Vice-Principal provides documented In-Service Training and On-the-Job Training? Have all currently due probationary and annual performance evaluations been completed? Performance Evaluations are either non-existent or out-of-date.

#40 Are TLN quarterly reports being submitted to Office of Correctional Education by the due dates of Oct. 10, January 10, April 10 and July 10? The last TLN report submitted to OCE was on October 10, 2007. No quarterly report was submitted for January 10, 2007.

#41 Is the Principal trouble shooting Test of Adult Basic Education score losses identified on the School Program Assessment Report Card and implementing remedial changes? No remedial changes have been implemented.

#43 Is a list of inmates who have a verified Learning Disability generated and distributed to appropriate staff? A list of inmates who have a verified learning disability is not generated contrary to the Armstrong Remedial Plan and the CDCR Effective Communications requirements. The Principal has been given assistance by OAC/OCE staff on the process to immediately remedy this situation.

#46 Do academic, vocational, Bridging Education Program, Enhanced Outpatient Program and Alternative Education Delivery Model enrollments meet the required program quotas (15:1, 27:1, 54:1, 120:1)? The CSP-LAC Education Monthly Report indicates that not all classes meet the required program quotas.

EXECUTIVE SUMMARY
Office of Audits and Compliance Educational Compliance Branch
ADMINISTRATION SECTION

#49 Is education staff attending Institution Classification Committee (ICC) meetings for input into the placement of inmates into education programs? **Education staff are not attending Initial Classification Committee meetings.**

#51 Are all Bridging Education Program eligible inmates receiving an education orientation packet upon arrival to the housing unit? **No education orientation packets are given to the inmates when they arrive at the housing unit.**

#53 Is the Literacy Coordinator (Academic Vice-Principal) designated as the Transforming Lives Network Coordinator? **There is no Literacy Coordinator or a Transforming Lives Network Coordinator.**

#55 Has Transforming Lives Network enrollment and completion data been tracked? **No quarterly report was submitted for January 10, 2007. Reception Center inmates have very limited access to TV.**

#56 Is there a High School credit program and General Education Development Testing program that follows Office of Correctional Education and State requirements? Are High School Diplomas and General Education Development Equivalency Certificates issued to qualified inmates? **There is no High School credit program that follows Office of Correctional Education and State requirements.**

#57 Is there an Inmate Education Advisory Committee established with regularly scheduled monthly meetings? **There is no Inmate Education Advisory Committee established.**

#58 Do all of the quarterly California Department of Corrections and Rehabilitation 128-E and 154 or other official student school transcripts reports contain current and appropriate information that includes credits earned, course completions? Does the appropriate instructional staff sign all of the above reports? (Supervisory staff when instructional staff is not available) Does supervisory staff (Academic Vice-Principal/Vocational Vice-Principal) review these reports? **There is no report of credits earned on any of the California Department of Corrections and Rehabilitation Form 154s examined during the compliance review.**

#59 Are Education Files with a copy of the Record of Inmate Achievement (California Department of Corrections and Rehabilitation 154) transferred to Central Records when a student leaves education, transfers or paroles? Is the original copy of the Record of Inmate Achievement (California Department of Corrections and Rehabilitation 154) (or High School Transcript) kept in the Education Office files in perpetuity? Are Education Files prepared for all assigned inmates? Are Bridging Education Program Education Files prepared for all assigned bridging students in the RC and transferred to the GP receiving institution? **The files are not transferred to Central Records; rather all files are mailed as needed. No copies of the California Department of Corrections and Rehabilitation Form 154 or High School transcript are kept.**

EXECUTIVE SUMMARY
Office of Audits and Compliance Educational Compliance Branch
ADMINISTRATION SECTION

#60 Are there any contracted, Office of Correctional Education sponsored or special programs operating at the institution? Have teachers assigned to these programs received special/related training? **No DDP Program requirements have been given the newly hired Developmental Disabilities Program (DDP) Teacher. It is recommended that the new DDP Teacher be given copies of the Clark Remedial Plan as well as copies of all other related documents. It is also recommended that the DDP Teacher attend IST/OJT CDCR ADA/DDP training as soon as possible. OCE will assist with the education DDP Program training.**

#61 Are literacy programs available to at least 60% of the eligible prison population? **There is no literacy program.**

#62 Is there an active Site Literacy Committee that meets and documents quarterly meetings, and is it coordinated by the Principal or an Academic Vice-Principal? **There is no Site Literacy Committee.**

#63 Does the Site Literacy Committee discuss the Bridging Program as part of its quarterly meetings? **There is no Site Literacy Committee.**

#64 Is the institution utilizing at least two alternate resources to implement literacy services for inmates? **There is no literacy training beyond that received in the Adult Basic Education classes.**

#69 Is there an approved Correctional Offender Management Profiling for Alternative Sanctions (COMPAS) Risk and Needs Assessment Operational Procedure (OP)? **There is an Operational Procedure that has been written and rewritten several times but it has never been approved by COMPAS headquarters staff or the OCE Superintendent.**

#74 Is there a Recidivism Reduction Strategies expenditure tracking log maintained by the Principal for the purposes of identifying equipment or materials purchase or provided to the institution for assessments as identified in the Recidivism Reduction Strategies Budget Change Proposal (BCP)? Are inventories of Recidivism Reduction Strategies equipment maintained and current? **The RRS EOP, RRS Physical Education Special Population and RRS Library expenditures are not appropriately tracked.**

#77 Has the Enhanced Outpatient Program Teacher(s) received training in performing the required duties as described in the Enhanced Outpatient Program Duty Statement? **The teacher needs to be trained as outlined in the duty statement as well as the EOP expected outcome measures.**

ACADEMIC EDUCATION SECTION

II. ACADEMIC EDUCATION:

49% COMPLIANCE

Deficiency:

#8 Are the required and/or elective credits in the academic subject being taught issued to inmates and recorded on the transcript? The teacher did not know that he could give elective credits. He also did not know that OCE has a high school diploma program.

#9 Do all of the academic education classes have course outlines that agree with the California Department of Corrections and Rehabilitation approved curriculum? None of the teachers had their TABE test scores on file. Yet, there was clear evidence that the students were being tested. It appears as if there is a breakdown in the TABE chronological report distribution. The teachers are not receiving their copy.

#11 Are the Test of Adult Basic Education and Comprehensive Adult Student Assessment System being administered to Bridging Education Program Students? Are other assessments being used to assess the inmate job skills? None of the teachers had their TABE test scores on file. Yet, there was clear evidence that the students were being tested. It appears as if there is a breakdown in the TABE chronological report distribution. The teachers are not receiving their copy.

#16 Does the Test of Adult Basic Education Coordinator have the most recent Test of Adult Basic Education database (within a week)? The only internet/intranet connection is in an area used by the COMPAS teachers and a laptop is used to provide internet/intranet access. The TABE Coordinator does not have a key to that area and must depend on someone to let her into the area. Once entry is gained into the area, laptop must be available to connect to down/upload data, which is then transferred to the TABE computer.

#17 Are Test of Adult Basic Education testing protocols signed by current staff? Could not locate a copy of the testing protocols and the current staff was unaware of the testing protocols and has not signed them.

#18 Are the Test of Adult Basic Education testing materials secured in a locked cabinet (mandatory standards)? The test books are in several locations throughout the institution, however, it was stated the testing materials are secured in locked cabinets. An approval from OCE is need if the mandatory standards are not adhered to or can not be met.

EXECUTIVE SUMMARY
Office of Audits and Compliance Educational Compliance Branch
ACADEMIC EDUCATION SECTION

#19 Is a master inventory of Test of Adult Basic Education test booklets and answer sheets maintained by the testing coordinator? **There was no master inventory of test books or answer sheets, but the Test Coordinator has a manual system to account for books checked out and back in for testing. Also indicated there was a check out and in system for test materials at the satellite areas on each yard. A master inventory needs to be created and all test books and answer sheets accounted for.**

#20 Is the Test of Adult Basic Education binder current and up-to-date with memos, purchase orders and instructions? **There was a binder from the previous TABE Coordinator. It was not current and was missing several memos, etc. The TABE coordinator was assigned several months ago and seems to have received little or no training on the expectations or requirements for this assignment. Recently the Office of Correctional Education provided her training on the database and reference handbook, which she indicated was very helpful. She appears to be a very motivated and needs support in meeting guidelines and requirements.**

#24 Is the Test of Adult Basic Education locator being used when needed to determine which level appropriate Test of Adult Basic Education test to administer? **The teacher stated that he did not use the TABE locator.**

#28 Are Alternative Education Delivery Model Open Line schedules with dates and times posted in public areas for inmate access to educational services during off work hours? **The AEDM has not been implemented.**

#29 Are the Television Specialist and Distance Learning Study Teacher developing a Distance Learning Study Channel schedule of courses, with dates and times, posted in public areas for inmates to review and complete their assignments? **The TV Specialist position is vacant.**

#30 Does the Television Specialist plan, supplement and implement electronic educational coursework with the Distance Learning Study teacher, utilizing the Transforming Lives Network and airing educational programs such as the Kentucky Educational TV General Education Development series on a weekly basis? **The required TV Specialist activities are not occurring because the TV position is vacant.**

#31 Are teachers awarding inmates certificates for achievement/completion in Alternative Education Delivery Model programs? **Teachers are not awarding inmates certificates for achievement/completion in Alternative Education Delivery Model (AEDM) programs because the AEDM is not appropriately activated.**

EXECUTIVE SUMMARY
Office of Audits and Compliance Educational Compliance Branch
ACADEMIC EDUCATION SECTION

#32 Do all of the Education/Independent Study classes have current course outlines and lesson plans that agree with the Office of Correctional Education approved curriculum? The Education/Independent Study classes do not have current course outlines and lesson plans that agree with the Office of Correctional Education approved curriculum because the AEDM is not appropriately activated.

#33 Do all of the Education/Work Program classes have current course outlines and lesson plans that agree with the Office of Correctional Education approved curriculum? The Education/Work Program classes do not have current course outlines and lesson plans that agree with the Office of Correctional Education approved curriculum because the AEDM is not appropriately activated.

#34 Do all of the Distance Learning classes have current course outlines and lesson plans that agree with the Office of Correctional Education approved curriculum? The Distance Learning classes do not have current course outlines and lesson plans that agree with the Office of Correctional Education approved curriculum because the AEDM is not appropriately activated.

#35 Do all of the Independent Study classes have current course outlines and lesson plans that agree with the Office of Correctional Education approved curriculum? The Independent Study classes do not have current course outlines and lesson plans that agree with the Office of Correctional Education approved curriculum because the AEDM is not appropriately activated.

#36 Are teachers testing inmates within 3 (three) days of being enrolled or assigned to Alternative Education Delivery Model program? Are the inmates' Test of Adult Basic Education subtest results analyzed by the teacher for appropriate Alternative Education Delivery Model lesson/class placement? The AEDM is not activated.

#37 Is the Alternative Education Delivery Model current enrolled/assigned inmate roster consistently kept updated? Is it given to the Vice-Principal and Principal on at least a weekly basis? The AEDM is not activated.

#38 Are students' gains being recorded and tracked? None of the students are being tracked.

#46 Are the Correctional Offender Management Profiling for Alternative Sanctions (COMPAS)questionnaires shredded daily in accordance with confidential document procedure? They are not trashed and shredded later. The COMPAS teachers stated that they needed a shredder.

EXECUTIVE SUMMARY
Office of Audits and Compliance Educational Compliance Branch
ACADEMIC EDUCATION SECTION

#52 Do all of the Pre Release lesson plans contain the objective, handouts, and methods for student evaluation? **All of the Pre Release lesson plans do not contain the objective, handouts, and methods for student evaluation. The Pre-Release teacher does not have students assigned to him. He does he have a classroom from which he runs this Pre-Release package program.**

#53 Is the Pre-Release teacher receiving appropriate institutional and Parole and Community Services Division (P&CSD) staff support? **He stated that he was working with a Parole Agent I at LAC. The inmates who are receiving the packets are not being provided lectured or current printed information on available community services and parole support services.**

#54 Is the Pre-Release curriculum recording system in-use, accurate, and current and are copies of monthly records maintained? **The teacher does not have any students assigned to him. Therefore, he does not maintain student files as required by OCE policies and procedures.**

#55 Does the Pre-Release instructor uses a variety of teaching methodologies and allow for differentiation of instruction to meet individual learners' needs? **There is no in class time with the inmates; they are receiving packets from the teacher.**

#56 Is the Pre-Release class a full-time program (4 days/8.5, 5 days 6.5 hours)? If no, is there an exemption on file? **There is no students assigned to the Pre-Release class; no PCR cards are kept.**

#57 Are all of California Department of Corrections and Rehabilitation 128-E's, completion chronological reports and classroom records current and accurate and reflecting a full quota student enrollment? **No CDCR 128E's are developed; and no student folder are maintained.**

#58 Does the Pre-release Teacher use the Framework for Breaking Barriers? **Again the Pre-Release instructor does not provide any in class instructions.**

#59 Does the Pre-release teacher provide the Office of Correctional Education with monthly Pre-release reports on time and maintain copies of those Monthly Pre-release reports? **Since no students are assigned to the Pre-Release class; no records are kept and no Pre-Release report is sent to OCE.**

EXECUTIVE SUMMARY

Office of Audits and Compliance

Educational Compliance Branch

ACADEMIC EDUCATION SECTION

#60 Is the Enhanced Outpatient Program Teacher a participating member of the Interdisciplinary Treatment Team (IDTT) meetings? **While the program is receiving very good support from mental health staff, the teacher is not part of the Mental Health IDTT in violation of the RRS Legislative BCP funding parameters, EOP Teacher Duty Statement and OCE EOP Program requirements. The Chief Psychologist must work with the teacher to ensure the teacher participates in the IDTT and that the EOP teacher has commanding input as to those EOP inmates that are to attend education sessions. This cooperative effort is necessary because while the mental health staff determine when the medication is stabilized and ensures that the cognitive ability is no longer impairing the inmate from learning basic skills in reading, math, and language, the teacher is tasked with prioritizing who she serves and the length of time based on individual need as recorded on the Individualized Treatment and Education Plan (ITEP). The IDTT attendance by the teacher can be limited to reviews of EOP inmates being considered to be placed in the education sessions. The teacher is tasked with working one on one, small groups or large groups of no more than 15 total inmates depending on the educational activity needed by the inmate on the ITEP.**

#64 Are alternate modalities available for use within the housing units for the distant learning program? For example, video, Transforming Lives Network, institutional television, visual worksheets, etc.? **There is no AEDM or TV Specialist in place.**

#65 Is the television specialist recording Transforming Lives Network broadcasting and archiving copies for re-broadcast and individual teacher access? **There is no TV Specialist in place. No other staff performing this activity.**

#66 Is the television specialist setting up a broadcast schedule for the school and distributing that schedule to the school faculty? **There is no TV Specialist in place. No other staff performing this activity.**

#67 Are school faculty members given the opportunity to provide input into the broadcast schedule? **There is no TV Specialist in place. No other staff performing this activity.**

#76 Are health education, physical fitness training and recreational activities being provided to the geriatric population (age 55 and over)? **No supporting evidence found that verifies that health education, physical fitness training and recreational activities being provided to the geriatric population (age 55 and over)**

#77 Have the funds for the Recidivism Reduction Strategies funds for the geriatric population been expended for population **No supporting documentation was found that verifies that the funds for the Recidivism Reduction Strategies funds for the geriatric population been expended for the geriatric population. The PE Teacher reports that she was not allowed to spend the funds.**

Deficiency:

#2 Do all of classroom files reflect Test of Adult Basic Education scores that are not over six months old for students under the California Department of Corrections and Rehabilitation Literacy Plan and Office of Correctional Education Test of Adult Basic Education testing criteria? **The Office Services and Related Technology (OSRT) class has current test scores and had just retested students who needed a post. The two other programs reviewed did not have current TABE scores. There seems to be a disconnect as when to test, who tests, getting test materials, etc.**

#5 Does the Permanent Class Record Card (California Department of Corrections and Rehabilitation Form 151) reflect the minimum student contact time of 6.5 hours x-time or 8.5 hours of x-time for 4-10 programs? **The OSRT teacher reflects the time students arrive and leave. She gives "S" time when appropriate. Inmates often arrive up to an hour late due to a variety of reasons. The reasons include inmates returning to the housing unit before going to the classroom after they are released from the housing unit; inmates with institutional job assignments are released before those assigned to education; delays in feeding, etc. Due to those reasons, students are unable to receive the minimum student contact time.**

#6 Are elective credits in the designated vocational subject being issued to inmates and recorded on the transcript? **The teachers were not aware that they could issue elective credits. They were very excited about being able to give them to their students.**

#7 Are Trade/Industry Certifications being issued and recorded to those students earning them? **The OSRT teacher has received certification for Microsoft. The test computer is not setup or loaded with the Microsoft test software. The test computer was redirected for student use due to two students computers being non operational.**

#13 Are all of the vocational programs that have a nationally recognized certification programs participating in that program? **The OSRT teacher is not yet certified for Microsoft. The test computer is not setup or loaded with the Microsoft test software.**

#17 Do all of the National Center for Construction Education and Research instructors have the resources needed to effectively teach the related trades? **The Mill & Cabinet program has a panel saw that has not been installed for the past three years. A horizontal boring machine and a balloon sander that have not been installed since they were received over two years ago. All pieces of equipment are part of the curriculum and are necessary for the training of this trade. The plumbing class needs wood, nails, etc. to build the frameworks needed to provide training on installing plumbing, etc. and to provide trade training. Also, need a cage to store all the plumbing supplies needed for training inmates in the trade.**

#28 Are teachers testing within three days of the student's initial entry into the classroom, as well as quarterly testing based on the Test of Adult Basic Education matrix? **Most teachers did not have TABE scores for their students. However, the OSRT teacher has current test scores in the files reviewed.**

#29 Are the Test of Adult Basic Education tests administered according to the testing matrix? **Did not find current TABE scores in most files reviewed except in the OSRT class, which was current. Most did not what the TABE testing matrix was.**

#30 Is the Test of Adult Basic Education locator being used when needed to determine which level appropriate Test of Adult Basic Education test to administer? **One teacher did not know what the TABE Locator Test was and has never used it. The other teachers were aware of it and its use.**

#31 Are teachers using pre-post subtest diagnostic reports for student needs assessment and are they reviewing test scores with inmates? **There are teachers who have not TABE tested their students. The teachers who have not tested their students do not have a copy of the TABE subtest and have not discussed them or its results with their students.**

#32 Are teachers using the Test of Adult Basic Education test results as a diagnostic tool for individualized instruction and trouble shooting Test of Adult Basic Education score losses in their classes? **Teachers who have not or were not testing their students did not have subtests.**

#33 Are current Test of Adult Basic Education subtests placed in student's file? **TABE subtests were not found in most files**

#36 Are personal alarms issued by institution to instructors, and do they wear the alarms? **The teacher in Minimum Facility is not issued an alarm. His classroom is also in a bind area.**

EXECUTIVE SUMMARY

Office of Audits and Compliance

Educational Compliance Branch

LIBRARY/LAW LIBRARY SECTION

IV. LIBRARY/LAW LIBRARY:

93% COMPLIANCE

Deficiency:

#13 *Within the entire institution's libraries, is there at least one encyclopedia with a copyright date within the last five (5) years and one unabridged dictionary (no older than 5 years?) Does the library program have at least three directories relevant to the questions asked by the population served?* **The unabridged dictionary is over 5 years old.**

#18 *Does the current library collection contain the number of fiction and nonfiction books mandated by California Department of Corrections and Rehabilitation? Does this include any new books purchased through Recidivism Reduction Strategies (RRS) funding?* **The books purchased through RRS funds are available to inmates. There is a high demand for fiction and nonfiction books but not enough funds to purchase new books. Used donated books constitute a large number of books going to inmates. Due to the new reception center mission, book loss is a greater risk as inmates move in and out of the reception center.**

EXECUTIVE SUMMARY
Office of Audits and Compliance **Educational Compliance Branch**
SPECIAL PROGRAMS SECTION

V. FEDERAL PROGRAMS:

26% COMPLIANCE

Workforce Investment Act Program:

Deficiency:

#1 Do you have a current duty statement on file (within one year)? **The Literacy Lab has not functioned the past six years.**

#2 Do you have a valid credential on file? **The Literacy Lab has not functioned the past six years.**

#3 Are personal alarms issued by the institution to teaching staff, and worn? **The Literacy Lab has not functioned the past six years.**

#4 Are exits clearly marked and emergency evacuation plans posted in accordance with the institution's emergency evacuation plan? **The Literacy Lab has not functioned the past six years.**

#5 Do you receive support from your supervisor and other educational staff? **The Literacy Lab has not functioned the past six years.**

#6 Does the Vice Principal visit/observe your class? Does the Principal visit /observe your class? Do you maintain a sign-in log? **The Literacy Lab has not functioned the past six years.**

#7 Do you maintain a minimum enrollment of 27 students? **The Literacy Lab has not functioned the past six years.**

#8 Do students receive direct/group instruction? **The Literacy Lab has not functioned the past six years.**

#9 Is the Literacy Learning Lab a "self contained" program? **The Literacy Lab has not functioned the past six years.**

#10 Do you verify non-GED or HS graduation of the student? **The Literacy Lab has not functioned the past six years.**

#11 Do you start a student record file upon the student entering the Literacy Learning Lab program? **The Literacy Lab has not functioned the past six years.**

EXECUTIVE SUMMARY
Office of Audits and Compliance Educational Compliance Branch
SPECIAL PROGRAMS SECTION

#12 Does each student have a current TABE score? If not, do you refer the student for testing? **The Literacy Lab has not functioned the past six years.**

#13 Do you assess student's basic skill level? **The Literacy Lab has not functioned the past six years.**

#14 Are at least 90% of the CDC-128E's, classroom records and accountability documents current, accurate and secured? **The Literacy Lab has not functioned the past six years.**

#15 Are the Student Files current (incl. TABE and any assessment scores)? **The Literacy Lab has not functioned the past six years.**

#16 Is there a current Student Job Description on file? **The Literacy Lab has not functioned the past six years.**

#17 Do you use the approved CDCR Competency Based ABE curriculum? **The Literacy Lab has not functioned the past six years.**

#18 Use of differentiated instructional methods? **The Literacy Lab has not functioned the past six years.**

#19 Do students track their own progress? **The Literacy Lab has not functioned the past six years.**

#20 Do the students receive computer orientation? Is there continuous training? **The Literacy Lab has not functioned the past six years.**

#21 Do you maintain course outlines and lesson plans? **The Literacy Lab has not functioned the past six years.**

#22 Do you use alternative assessment instruments (besides the required TABE), to determine a student's instructional plan? **The Literacy Lab has not functioned the past six years.**

#23 Do students spend an average of six months of instructional time enrolled in the program? **The Literacy Lab has not functioned the past six years.**

#24 Do you refer students to other services, i.e. medical? **The Literacy Lab has not functioned the past six years.**

EXECUTIVE SUMMARY
Office of Audits and Compliance Educational Compliance Branch
SPECIAL PROGRAMS SECTION

#25 Do you provide the students career-related information? **The Literacy Lab has not functioned the past six years.**

#26 Do you have student aides? If so, how many and how are they used? **The Literacy Lab has not functioned the past six years.**

#27 Have you participated in conferences, workshops and seminars from July 1, 2007–December 31, 2008? If so, provide a list. **The Literacy Lab has not functioned the past six years.**

#28 Are spending levels appropriate for material purchases and training to support program needs? **The Literacy Lab has not functioned the past six years.**

#29 Do you maintain a complete and current inventory of equipment? Is equipment tagged with a Workforce Investment Act property tag? **The Literacy Lab has not functioned the past six years.**

#30 Is your software appropriately maintained by PLATO's technical field staff? **The Literacy Lab has not functioned the past six years.**

#31 Do you register all new software purchases with the AISA? **The Literacy Lab has not functioned the past six years.**

#32 How often do you meet with the referral teacher for consultation on a student? **The Literacy Lab has not functioned the past six years.**

COMMENTS ON THE FEDERAL GRANTS SECTION

The Phase I/II Literacy Learning Lab (LLL) has not operated for the past six years at LAC. New computers are on order and the new server was delivered two years ago.

Some CASAS Test booklets are missing. The LAC Education Department must pull the 32M, 33M and 081RX booklets from the testing cycle. These series of testing booklets can not be used at LAC, until the issue of the missing booklets is resolved. LAC must receive approval by Mark Lechich, WIA Administrator before they can test with the booklets mentioned above.

LAC WIA Inventory List is not current. Computers and printers purchased in 2004/2005 have not been identified with WIA Federal Tags or the location of these

EXECUTIVE SUMMARY

Office of Audits and Compliance

Educational Compliance Branch

SPECIAL PROGRAMS SECTION

items. Laptops purchased in 2005/2006 also have not been identified with WIA Federal Tags or their location. It the responsibility of the LAC educational staff to submit a current WIA Inventory list to Mark Lechich every fiscal year.

The LAC Education Department is non-compliant with the federal Education Grievance Procedure. The Education Grievance Procedure Statement citing the appropriate federal code shall be posted in all classrooms and added to the Student Duty Statement per the Memorandum dated June 23, 2006.

EXECUTIVE SUMMARY
Office of Audits and Compliance **Educational Compliance Branch**
SPECIAL PROGRAMS SECTION

**IV. Developmental Disability Program
(DDP):**

43% COMPLIANCE

Deficiency:

*#2 Do all education staff perform the required duties as described in the Clark Remedial Plan? (Pages 25-26). **There is no DDP teacher and the DDP teacher will not be on board until April 2008. Support for DDP students is being provided by a non DDP teacher in the interim.***

*#4 Does the DDPT participate in IDST and appropriate ICC/UCC committees as provided in the CRP? (Page 43). **No evidence found to support that the DDPT participate in IDST and appropriate ICC/UCC committees as provided in the CRP.***

*#5 Are DDP inmates being tested and assessed in accordance with the CRP? (Page 54) Does the assessment include a review of all relevant information in the C-File and other education records as stated in the CRP? (Page 53). **No evidence found to support that DDP inmates being tested and assessed in accordance with the CRP and that the assessment include a review of all relevant information in the C-File and other education records as stated in the CRP.***

*#6 Are ITEP's prepared, executed and reviewed in accordance with the CRP? (Page 54) Are Student Study Teams (SST) being operated in accordance with the CRP? (Page 54). **No evidence found that ITEP's prepared, executed and reviewed in accordance with the CRP and that Student Study Team (SST) being operated in accordance with the CRP.***

OVERALL COMPLIANCE RATING: 51%.

Administrative staff is apprised that the ratings presented are to be considered tentative, and are subject to change pending final review by the Assistant Secretary, Office of Audits and Compliance. Significant changes in ratings will be documented with full explanations and forwarded to the Warden within 15 working days after the conclusion of the Compliance Review.

EXECUTIVE SUMMARY
Office of Audits and Compliance Educational Compliance Branch
SPECIAL PROGRAMS SECTION

G. Lynn Hada, Principal

March 21, 2008

Raul Romero, Associate Superintendent

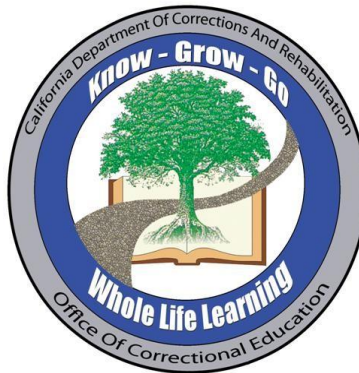
March 21, 2008

* Denotes Developmental Disabilities Program (Clark Remedial Plan) and Physical Disabilities Program (Armstrong)

DEPARTMENT OF CORRECTIONS AND REHABILITATION

OFFICE OF AUDITS AND COMPLIANCE

EDUCATIONAL COMPLIANCE BRANCH



COMPLIANCE REVIEW FINDINGS

California State Prison, Los Angeles County

March 12-21, 2008

ADMINISTRATION

G. Lynn Hada

ACADEMIC EDUCATION

John Jackson

Beverly Penland/Raul Romero

VOCATIONAL EDUCATION

Beverly Penland

LIBRARY

Raul Romero

FEDERAL SUPPLEMENTARY PROGRAMS

Mark Lechich

DEVELOPMENTAL DISABILITY PROGRAM

Raul Romero/Beverly Penland

COMPLIANCE REVIEW FINDINGS

EDUCATION ADMINISTRATION SECTION

No.	INSTITUTION: CSP, LAC DATE: March 12-21, 2008 COMPLIANCE TEAM: G. Lynn Hada	YES/NO or NA	COMMENTS
1.	<div data-bbox="159 384 906 426" style="background-color: #e0e0e0; border: 1px solid black; padding: 2px;">Allotments/Operating Expenses:</div> <ul style="list-style-type: none"> Does the Principal maintain a budget tracking system to monitor the school departments' complete budget? Is there an annual spending plan to determine sub-allotments to programs, expenditures and their balance? 	No	There is a hand-written budget tracking plan. The school has no spending plan in place. Recommend that the budget tracking plan be computerized and that an annual spending plan be developed.
2.	Based upon current policy (amount of budget allotted) does it appear that a viable spending plan is in place in order for allocated funds to be fully utilized by year end?	No	There is no spending plan in place for the current budget allocation and therefore it cannot be determined if allotted funds will be fully utilized by year end.
3.	Are funds allocated by Office of Correctional Education available and spent within program areas?	Yes	Funds allocated to date by OCE are available and are spent within program areas even though there is no spending plan.
4.	Are funds tracked by funding source? General Fund, special Budget Change Proposal funding, Federal and State Grant Programs allocated by Office of Correctional Education?	Yes	A very basic hand-written system is in place.
5.	Are allocated funds for the Bridging Education Programs including Arts In Corrections (AIC) used to provide program services to inmates?	No	No funds have been expended for the Bridging Education Program or the Arts In Corrections.
6.	Are law library purchases funded by the institution's general budget?	No	There is an ongoing attempt by CDCR Administration to resolve the use of Program 25 vs. Program 45 monies to operate Law Libraries. The ongoing discussions to resolve this funding issue are taking place between Adult Operations and Adult Programs headquarters staff.

COMPLIANCE REVIEW FINDINGS

EDUCATION ADMINISTRATION SECTION

7.	Is the school following the Education Hiring Steps and Responsibilities memo and matrix dated July 13, 2006 instructions when filling vacancies?	No	The principal did not have a copy of the memo and the institution personnel office has their own procedures. Most steps in the matrix are followed but not exactly the same.
8.	Are the Education Monthly Report (EMR) and the Education Daily Report (EDR) accurate and being completed and submitted on a timely basis?	No	The school is in the process of resubmitting all of the Fiscal Year Education Monthly Reports due to major inaccuracies. However a review of the February 2008 Education Monthly Report that was submitted revealed further inaccuracies.
9.	Has adequate space and equipment been provided for staff to perform the required duties of the Reception Center/Bridging Education Program, Arts In Corrections program and the TV Specialist?	No	There is inadequate space due to medical programs taking over classroom and library space. Some teachers lack computers and other equipment. The TV Specialist space and Arts In Corrections program space is good. There is no TV Specialist due to the resignation of the prior staff on 5/18/07.
10.	<div>Credentials:</div> Are all instructional and supervisory staff credentialed appropriately within subject matter area where they are assigned?	No	Some teachers and supervisors did not have all of the proper credentials on file.
11.	Does the assigned bridging staff hold appropriate credentials and/or placed in the appropriate Re-Entry classification?	Yes	
12.	<div>Duty Statements:</div> Are 100% of the staff duty statements on file and applicable to current position?	No	There were no signed duty statements in the education office. There was only a binder of unsigned generic duty statements.

COMPLIANCE REVIEW FINDINGS

EDUCATION ADMINISTRATION SECTION

13.	<div style="border: 1px solid black; background-color: #f2f2f2; padding: 2px; margin-bottom: 5px;">Operational Procedures:</div> <p>Does the institution have an Operational Procedure (OP) that addresses the legislative mandates of the Bridging Education Program?</p>	No	The Bridging Education Program Operational Procedure is out-of-date, It is dated June 2006.
14.	<ul style="list-style-type: none"> Does the institution have an Operational Procedure for the Education Program? Does it use Department Operation Manual Chapter 10 as an inclusion? 	No	There is no Education Operational Procedure available.
15.	<div style="border: 1px solid black; background-color: #f2f2f2; padding: 2px; margin-bottom: 5px;">Staff Assignments:</div> <p>Does the Principal maintain a current and complete list of all authorized positions and their status?</p>	Yes	
16.	Are all staff appropriately working and/or assigned within the education program?	No	The Correctional Offender Management Profiling positions for Alternative Sanctions teachers are not in the proper position numbers. One bridging instructor is currently working for California Prison Industry Authority (CALPIA) for a 90 day period that begun February 21, 2008 and is being paid out of Division of Education, Vocations, and Offender Programs (DEVOP) education funds under an agreement between the CALPIA General Manager and DEVOP Director.
17.	Do all staff within the education program report to, and are under the Principal's supervision?	No	One bridging instructor is currently working for Prison Industry Authority for a 90 day period that begun February 21, 2008 and is being paid out of DEVOP education funds under an agreement between CALPIA General Manager and DEVOP Director.

COMPLIANCE REVIEW FINDINGS

EDUCATION ADMINISTRATION SECTION

18.	Is the Bridging Education Program Reception Center/General Population/Arts In Corrections fully staffed with supervisory, instructional and ancillary personnel?	No	One bridging instructor is currently working for Prison Industry Authority for a 90 day period that begun February 21, 2008 and is being paid out of DEVOP education funds under an agreement between CALPIA General Manager and DEVOP Director.
19.	Are Re-Entry Program instructors, class code 7581, assigned only to the Bridging Education Program (BEP)?	Yes	
20	When Bridging Education Program vacancy occurs, is it immediately reclassified to class code 2290 Teacher, High School, General Education?	Yes	
21.	Has the Artist Facilitator been officially assigned to the Education Department?	Yes	
22.	Is there a system in place that is being utilized to ensure the tracking of inmates and their completed assignments during their transition from the Reception Center to the General Population Institution?	No	There is a rudimentary tracking system that is used sporadically but it does not always insure accurate tracking.
23.	Has an individual been designated to be responsible for trouble-shooting the equipment and contacting Transforming Lives Network for needed support?	Yes	A Plant Operations Electronic Technician has been designated to be responsible for trouble-shooting the equipment and contacting Transforming Lives Network for needed support.
24	When there is a modified program, class closure, etc., is a plan in place to continue to deliver education services and other required educational activities and is plan always implemented?	Yes	

COMPLIANCE REVIEW FINDINGS

EDUCATION ADMINISTRATION SECTION

25	Is the Assessment Office Assistant (OA) performing duties delineated in the Assessment OA duty statement?	No	The Assessment OA supervisory file did not contain a copy of the Assessment OA duty statement. Additionally the OA has been given different non assessment duties to perform.
26.	<div>Alternative Education Delivery Model (AEDM):</div> Is an approved Alternative Education Delivery Model Operational Procedure in place?	Yes	
27.	Are all of the Alternative Education Delivery Models being locally implemented at the institution in agreement with the California Correctional Peace Officers Association agreement and the institutional Operational Procedure?	Yes	
28.	Are all Alternative Education Delivery Model positions filled?	No	There is no Distance Learning teacher assigned even though OCE records designated a position for this purpose. The teacher in the Distance Learning position number is instead assigned to an Adult Basic Education III classroom.
29.	Do all Alternative Education Delivery Model faculties have the approved Alternative Education Delivery Model Duty Statement with required signatures?	No	There are no duty statements available.
30.	Are Alternative Education Delivery Model inmate enrollments/assignments being made based on eligibility criteria of the enrollments/assignment as defined in the course descriptions and guidelines?	No	There are no Alternative Education Delivery Model classes in operation.

COMPLIANCE REVIEW FINDINGS

EDUCATION ADMINISTRATION SECTION

31.	<ul style="list-style-type: none"> Are all Alternative Education Delivery Model Programs operating as full-time programs that meet the program-wide quotas? Are all approved Alternative Education Delivery Model faculty schedules posted? 	No	There are no Alternative Education Delivery Model programs operational. A new teacher to be designates as an AEDM teacher is reporting next week.
32.	Gender Responsive Strategies: Has all education staff received Gender Responsive Strategies training provided by the Female Offender Programs (FOP) institutional administration?	N/A	
33.	Are female inmates' vocational assignments being made based on the eligibility criteria of the vocational assignment as defined in the course descriptions and vocational guidelines?	N/A	
34.	Certificates of Completion or Achievement: <ul style="list-style-type: none"> Are Certificates of Vocational or Academic Life Skills Completion being issued to those students earning them and recorded on a tracking system? Are Certificates of Achievement issued to those students who exit the program before the Certification of Completion is earned? 	Yes	
35.	Executive/Supervisory Assignments: Are documented staff meetings held regularly by Principal, Academic Vice Principal (AVP), and Vocational Vice Principal (VVP)? (monthly or more)	Yes	
36.	Is the Principal a member of the Warden's Executive Staff?	Yes	
37.	Does all supervisory staff conduct and record classroom visitations and observations on a quarterly basis?	No	No records are maintained of classroom visitations.

COMPLIANCE REVIEW FINDINGS

EDUCATION ADMINISTRATION SECTION

38.	<ul style="list-style-type: none"> Does the AVP/VVP provide documented IST and OJT? Are all probationary and annual performance evaluations currently due completed? 	No	Performance Evaluations are either non-existent or out-of-date.
39.	Are supervisors documenting contact with staff and inmates involved in the bridging program?	Yes	
40.	Are Transforming Lives Network quarterly reports being submitted to Office of Correctional Education by the due dates of Oct. 10, January 10, April 10 and July 10?	No	The last TLN report submitted to OCE was on October 10, 2007. No quarterly report was submitted for January 10, 2007.
41.	<div>Test of Adult Basic Education:</div> <p>Is the Principal trouble shooting Test of Adult Basic Education score losses identified on the School Program Assessment Report Card (SPARC) and implementing remedial changes?</p>	No	No remedial changes have been implemented.
42.	Is there a 4.0 reading level report generated and distributed to appropriate staff?	Yes	
43.	Is a list of inmates who have a verified Learning Disability generated and distributed to appropriate staff?	No	A list of inmates who have a verified learning disability is not generated contrary to the Armstrong Remedial Plan and the CDCR Effective Communications requirements. The Principal has been given assistance by OAC/OCE staff on the process to immediately remedy this situation.

COMPLIANCE REVIEW FINDINGS

EDUCATION ADMINISTRATION SECTION

44.	Accreditation: Has the education program been accredited by Western Association of Schools and Colleges (WASC), or has the application for accreditation been submitted to Western Association of Schools and Colleges?	Yes	The CSP-LAC Education Department has received a one-year extension by WASC to complete the accreditation process renewal by June 2008.
45.	<ul style="list-style-type: none"> Is there a continuing Western Association of Schools and Colleges process being followed by the school with the action plans being actively addressed in a timely manner? Is there a leadership team in place and do minutes substantiate regular meetings? 	Yes	
46.	Inmate Enrollment/Attendance: Do academic, vocational, Bridging Education Program, Enhanced Outpatient Program and Alternative Education Delivery Model enrollments meet the required program quotas (15:1, 27:1, 54:1, 120:1)?	No	The CSP-LAC Education Monthly Report indicates that not all classes meet the required program quotas.
47.	Has the Institution developed an eligibility list for assigning inmates to the Bridging Education Program?	Yes	
48.	Does the Principal maintain a copy of the current inmate assignment waiting list?	Yes	
49.	Is education staff attending Institution Classification Committee (ICC) meetings for input into the placement of inmates into education programs?	No	Education staff are not attending Initial Classification Committee meetings.
50.	Bridging Program: Has the teaching staff met with each inmate upon assignment to the Bridging Education Program?	Yes	

COMPLIANCE REVIEW FINDINGS

EDUCATION ADMINISTRATION SECTION

51.	Are all Bridging Education Program eligible inmates receiving an education orientation packet upon arrival to the housing unit?	No	No education orientation packets are given to the inmates when they arrive at the housing unit.
52.	<div>Transitional Living Network (TLN):</div> Has the Transforming Lives Network satellite dish been installed and operational?	Yes	
53	Is the Literacy Coordinator (Academic Vice-Principal) designated as the Transforming Lives Network Coordinator?	No	There is no Literacy Coordinator or a Transforming Lives Network Coordinator.
54.	Do the number of inmates being enrolled and the number completing Transforming Lives Network courses agree with the numbers reported to Office of Correctional Education?	Yes	
55.	Has Transforming Lives Network enrollment and completion data been tracked?	No	No quarterly report was submitted for January 10, 2007. Reception Center inmates have very limited access to TV.
56.	<div>GED Testing/High School Credit:</div> <ul style="list-style-type: none"> Is there a High School credit program and General Educational Development (GED) Testing program that follows Office of Correctional Education and State requirements? Are High School Diplomas and GED Equivalency Certificates issued to qualified inmates? 	No	There is no High School credit program that follows Office of Correctional Education and State requirements.
57.	<div>Inmate Education Advisory Committee:</div> Is there an Inmate Education Advisory Committee established with regularly scheduled monthly meetings?	No	There is no Inmate Education Advisory Committee established.

COMPLIANCE REVIEW FINDINGS

EDUCATION ADMINISTRATION SECTION

58.	<div style="background-color: #e0e0e0; padding: 2px; border: 1px solid black; margin-bottom: 5px;">Education Files</div> <ul style="list-style-type: none"> Do all of the quarterly California Department of Corrections and Rehabilitation 128E and 154 or other official student school transcripts reports contain current and appropriate information that includes credits earned, course completions? Does the appropriate instructional staff sign all of the above reports? (Supervisory staff when instructional staff is not available.) Does supervisory staff (AVP/VVP) review these reports? 	No	There is no report of credits earned on any of the California Department of Corrections and Rehabilitation Form 154s examined during the compliance review.
59.	<ul style="list-style-type: none"> Are Education Files with a copy of the Record of Inmate Achievement (California Department of Corrections and Rehabilitation 154) transferred to Central Records when a student leaves education, transfers or paroles? Is a copy of the Record of Inmate Achievement (California Department of Corrections and Rehabilitation 154) (or High School Transcript) kept in the Education Office files in perpetuity? Are Education Files prepared for all assigned inmates? Are Bridging Education Program Education Files prepared for all assigned bridging students in the Reception Center and transferred to the General Population receiving institution? 	No	The files are not transferred to Central Records; rather all files are mailed as needed. No copies of the California Department of Corrections and Rehabilitation Form 154 or High School transcript are kept.
60.	<ul style="list-style-type: none"> Are there any contracted, Office of Correctional Education sponsored or special programs operating at the institution? Have teachers assigned to these programs received special/related training? 	No	No DDP Program requirements have been given the newly hired Developmental Disabilities Program (DDP) Teacher. It is recommended that the new DDP Teacher be given copies of the Clark Remedial Plan as well as copies of all other related documents. It is also recommended that the DDP Teacher attend IST/OJT CDCR ADA/DDP training as soon as possible. OCE will assist with the education DDP Program training.

COMPLIANCE REVIEW FINDINGS

EDUCATION ADMINISTRATION SECTION

61.	Literacy: Are literacy programs available to at least 60% of the eligible prison population?	No	There is no literacy program.
62.	Is there an active Site Literacy Committee that meets and documents quarterly meetings, and is it coordinated by the Principal or an Academic Vice-Principal?	No	There is no Site Literacy Committee.
63.	Does the Site Literacy Committee discuss the Bridging Education Program as part of its quarterly meetings?	No	There is no Site Literacy Committee.
64.	Is the institution utilizing at least two alternate resources to implement literacy services for inmates?	No	There is no literacy training beyond that received in the Adult Basic Education classes.
65.	Is there an established procedure for placing students into any existing Learning Literacy (LLL) lab? (a federally or non-federally funded Computer Aided Instruction /Plato/Computer Lab)	N/A	
66.	Developmental Disability Program and Disability Placement Program Programs: If this is a Developmental Disability Program and/or a Disability Placement Program site, does the principal have the required documentation that demonstrates adherence to the Court Remedial Plans and California Department of Corrections and Rehabilitation/Office of Correctional Education policies?	Yes	It is recommended that the Principal provide copies of all DDP related information in his possession to the new DDP Teacher.
67.	ESTELLE/Behavior Modification Programs: Is documentation available regarding the original operational intent/concept of the Estelle/Behavior Modification Unit Program and are there actual implementations of the program/programs?	N/A	

COMPLIANCE REVIEW FINDINGS

EDUCATION ADMINISTRATION SECTION

68.	Is there an Estelle/Behavior Modification Unit Program monitoring and tracking process in place to record student progress through achievement/progress, data collection, instructional methods, and curriculum?	N/A	
69.	<div style="border: 1px solid black; padding: 2px; background-color: #f0f0f0;"> Correctional Offender Management Profiling for Alternative Sanctions (COMPAS) – Risk and Needs Assessment </div> <p>Is there an approved Correctional Offender Management Profiling for Alternative Sanctions (COMPAS) Risk and Needs Assessment Operational Procedure (OP)?</p>	No	There is an Operational Procedure that has been written and rewritten several times but it has never been approved by COMPAS headquarters staff or the OCE Superintendent.
70.	Are all Recidivism and Reduction Strategy (RRS) assessment positions filled?	Yes	But the position numbers are incorrectly assigned. It is recommended that positions numbers be properly aligned with OCE field staff position roster.
71.	Are all other designated assessment positions filled? Is there a designated supervisor over the Correctional Offender Management Profiling for Alternative Sanctions (COMPAS) Risk and Needs Assessment Program?	Yes	
72.	Do all designated assessment staff have an individual Correctional Offender Management Profiling for Alternative Sanctions (COMPAS) log-on code? Is the security of the code maintained?	Yes	
73.	Does the assessment staff maintain appropriate security of laptop and/or stand-alone computers utilized for the Correctional Offender Management Profiling for Alternative Sanctions (COMPAS) Risk and Needs Assessment Program?	Yes	

COMPLIANCE REVIEW FINDINGS

EDUCATION ADMINISTRATION SECTION

74.	Recidivism Reduction Strategies: <ul style="list-style-type: none"> Is there a Recidivism Reduction Strategies expenditure tracking log maintained by the Principal for the purposes of identifying equipment or materials purchase or provided to the institution for assessments as identified in the Recidivism Reduction Strategies Budget Change Proposal (BCP)? Are inventories of Recidivism Reduction Strategies equipment maintained and current? 	No	The RRS EOP, RRS Physical Education Special Population and RRS Library expenditures are not appropriately tracked.
75.	Recidivism Reduction Strategies Enhanced Outpatient Program: <p>Are all Enhanced Outpatient Program staff hired and in place?</p>	Yes	
76.	Does the Principal (via the Academic Vice Principal) supervise the Enhanced Outpatient Program Teacher(s) in accordance with California Department of Corrections and Rehabilitation policy?	Yes	
77.	Have the Enhanced Outpatient Program Teacher(s) received training in performing the required duties as described in the Enhanced Outpatient Program Duty Statement?	No	The teacher needs to be trained on duties outlined in the duty statement as well as RRS EOP expected outcome measures.
78.	Multi-Agency Re-entry Program (SB 618): <p>Has the institution interviewed and hired for the Prison Case Manager positions as members of the Multi-Disciplinary team?</p>	N/A	
79.	Are the four vocational programs referenced in Senate Bill 618 in place at the institution?	N/A	
80.	Has a documentation process been established to monitor inmate contact time as well as inmate growth and completion of program?	N/A	

COMPLIANCE REVIEW FINDINGS

EDUCATION ADMINISTRATION SECTION

81.	<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Vocational-Recidivism Reduction Strategies</div> <p>Are all original vocational Recidivism Reduction Strategies (RRS) teacher positions filled and are all classrooms operating?</p>	N/A	
82.	<p>Are all Recidivism Reduction Strategies vocational classes at full enrollment?</p>	N/A	

COMPLIANCE REVIEW FINDINGS

ACADEMIC EDUCATION SECTION

NO.	INSTITUTION: CSP, LAC DATE: March 12-21, 2008 COMPLIANCE TEAM: John Jackson; Beverly Penland	YES/NO or N/A	COMMENTS
1.	Student Job Descriptions:	Yes	
	Are all of the inmate students' job descriptions accurate, complete, signed, and available?		
2.	Student Records/Achievements:	Yes	
	Do all the of classroom files reflect Test of Adult Basic Education scores that are being administered according to the quarterly testing matrix and that are not over six months old for students under the California Department of Corrections and Rehabilitation Literacy Plan criteria and Office of Correctional Education Test of Adult Basic Education testing requirements?		
3.	Are all of the California Department of Corrections and Rehabilitation 128-E chronological reports, classroom records and timekeeping documents, current, accurate, and secure?	Yes	
4.	Is 100% of the California Department of Corrections and Rehabilitation curriculum recording system in-use, accurate, and current?	Yes	
5.	Do 100% of the Permanent Class Record Cards (California Department of Corrections and Rehabilitation-151 form) reflect the minimum student contact time of 6.5 hours x-time or 8.5 hours of x-time for 4-10 programs for traditional classes?	Yes	
6.	Are Certificates of Completion or Achievement being issued to those students earning them?	Yes	

COMPLIANCE REVIEW FINDINGS

ACADEMIC EDUCATION SECTION

7.	<div style="border: 1px solid black; padding: 2px;">Instructional Expectations:</div> <p>Do all of the academic education classes have lesson plans that agree with the California Department of Corrections and Rehabilitation approved curriculum?</p>	Yes	
8	<p>Are the required and/or elective credits in the academic subject being taught issued to inmates and recorded on the transcript?</p>	No	<p>The teacher did not know that he could give elective credits. He also did not know that OCE has a high school diploma program.</p>
9.	<p>Do all of the academic education classes have course outlines that agree with the California Department of Corrections and Rehabilitation approved curriculum?</p>	No	<p>Some of the teachers did not have lesson plans.</p>
10.	<div style="border: 1px solid black; padding: 2px;">Bridging Education Program Instructional Expectations:</div> <p>Is each teacher utilizing the established curriculum for Bridging Education Program and does each teacher has a copy of the curriculum?</p>	Yes	
11.	<p>Are the Test of Adult Basic Education and Comprehensive Adult Student Assessment System being Administered to Bridging Students? Are other assessments being used to assess the inmate job skills?</p>	No	<p>None of the teachers had their TABE test scores on file. Yet, there was clear evidence that the students were being tested. It appears as if there is a breakdown in the TABE chronological report distribution. The teachers are not receiving their copy.</p>
12.	<p>Does Bridging Education Program teacher utilize the proper Permanent Class Record Card (California Department of Corrections and Rehabilitation Form 151) that is up to date and accurate?</p>	Yes	

COMPLIANCE REVIEW FINDINGS

ACADEMIC EDUCATION SECTION

13.	Has the Bridging Education Program teacher developed a written weekly schedule to include student programs and contacts?	Yes	
14.	<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Test of Adult Basic Education Testing Coordinator:</div> Are gain/loss reports (School Progress Assessment Report Card) and the Test of Adult Basic Education sub-test reports reviewed/shared with the education supervisors?	Yes	
15.	Does the Test of Adult Basic Education Coordinator and at least two others have access to a California Department of Corrections and Rehabilitation email address and user account?	Yes	
16.	Does the Test of Adult Basic Education Coordinator have the most recent Test of Adult Basic Education database (within a week)?	No	The only internet/intranet connection is in an area used by the COMPAS teachers and a laptop is used to provide internet/intranet access. The TABE Coordinator does not have a key to that area and must depend on someone to let her into the area. Once entry is gained into the area, laptop must be available to connect to down/upload data, which is then transferred to the TABE computer.
17.	Are Test of Adult Basic Education testing protocols signed by current staff?	No	Could not locate a copy of the testing protocols and the current staff was unaware of the testing protocols and has not signed them.

COMPLIANCE REVIEW FINDINGS

ACADEMIC EDUCATION SECTION

18.	Are the Test of Adult Basic Education testing materials secured in a locked cabinet (mandatory standards)?	No	The test books are in several locations throughout the institution, however, it was stated the testing materials are secured in locked cabinets. An approval from OCE is need if the mandatory standards are not adhered to or can not be met.
19.	Is a master inventory of Test of Adult Basic Education test booklets and answer sheets maintained by the testing coordinator?	No	There was no master inventory of test books or answer sheets, but the Test Coordinator has a manual system to account for books checked out and back in for testing. Also indicated there was a check out and in system for test materials at the satellite areas on each yard. A master inventory needs to be created and all test books and answer sheets accounted for.
20.	Is the Test of Adult Basic Education binder current and up-to-date with memos, purchase orders and instructions?	No	There was a binder from the previous TABE Coordinator. It was not current and was missing several memos, etc. The TABE coordinator was assigned several months ago and seems to have received little or no training on the expectations or requirements for this assignment. Recently the Office of Correctional Education provided her training on the database and reference handbook, which she indicated was very helpful. She appears to be a very motivated and needs support in meeting guidelines and requirements.
21.	Is the Test of Adult Basic Education locator being used when needed to determine which level appropriate Test of Adult Basic Education test to administer?	Yes	

COMPLIANCE REVIEW FINDINGS

ACADEMIC EDUCATION SECTION

22.	<div style="border: 1px solid black; padding: 2px;">Teacher-Test of Adult Basic Education Testing</div> <p>Are teachers testing within 10 days of the student's initial entry into the classroom, as well as quarterly testing based on the Test of Adult Basic Education matrix?</p>	Yes	
23.	<p>Are the Test of Adult Basic Education tests administered according to the testing matrix?</p>	Yes	
24.	<p>Is the Test of Adult Basic Education locator being used when needed to determine which level appropriate Test of Adult Basic Education test to administer?</p>	No	The teacher stated that he did not use the TABE locator.
25.	<p>Are teachers using Test of Adult Basic Education pre-post subtest diagnostic reports for student needs assessment and are they reviewing test scores with inmates?</p>	Yes	
26.	<p>Are teachers using the Test of Adult Basic Education pre-post diagnostic subtest test results as a diagnostic tool for individualized instruction and troubleshooting Test of Adult Basic Education score losses in their classes?</p>	Yes	
27.	<p>Are current Test of Adult Basic Education subtests placed in student's file?</p>	Yes	
28.	<div style="border: 1px solid black; padding: 2px;">Alternative Education Delivery Model:</div> <p>Are Alternative Education Delivery Model Open Line schedules with dates and times posted in public areas for inmate access to educational services during off work hours?</p>	No	The AEDM has not been implemented.

COMPLIANCE REVIEW FINDINGS

ACADEMIC EDUCATION SECTION

29.	Are the Television Specialist and Distance Learning Study Teacher developing a Distance Learning Study Channel schedule of courses, with dates and times, posted in public areas for inmates to review and complete their assignments?	No	The TV Specialist position is vacant.
30.	Does the Television Specialist plan, supplement and implement electronic educational coursework with the Distance Learning Study teacher, utilizing Transforming Lives Network and airing educational programs such as Kentucky Educational TV General Education Development series on a weekly basis?	No	The required TV Specialist activities are not occurring because the TV position is vacant.
31.	Are teachers awarding inmates certificates for achievement/completion in Alternative Education Delivery Model programs?	No	Teachers are not awarding inmates certificates for achievement/completion in Alternative Education Delivery Model (AEDM) programs because the AEDM is not appropriately activated.
32.	Do all of the Education/Independent Study classes have current course outlines and lesson plans that agree with the Office of Correctional Education approved curriculum?	No	The Education/Independent Study classes do not have current course outlines and lesson plans that agree with the Office of Correctional Education approved curriculum because the AEDM is not appropriately activated.
33.	Do all of the Education/Work Program classes have current course outlines and lesson plans that agree with the Office of Correctional Education approved curriculum?	No	The Education/Work Program classes do not have current course outlines and lesson plans that agree with the Office of Correctional Education approved curriculum because the AEDM is not appropriately activated.

COMPLIANCE REVIEW FINDINGS

ACADEMIC EDUCATION SECTION

34.	Do all of the Distance Learning classes have current course outlines and lesson plans that agree with the Office of Correctional Education approved curriculum?	No	The Distance Learning classes do not have current course outlines and lesson plans that agree with the Office of Correctional Education approved curriculum because the AEDM is not appropriately activated.
35.	Do all of the Independent Study classes have current course outlines and lesson plans that agree with the Office of Correctional Education approved curriculum?	No	The Independent Study classes do not have current course outlines and lesson plans that agree with the Office of Correctional Education approved curriculum because the AEDM is not appropriately activated.
36.	<ul style="list-style-type: none"> Are teachers testing inmates within ten days of being enrolled or assigned to Alternative Education Delivery Model program? Are the inmates' Test of Adult Basic Education subtest results analyzed by the teacher for appropriate Alternative Education Delivery Model lesson/class placement? 	No	The AEDM is not activated.
37.	<ul style="list-style-type: none"> Is the Alternative Education Delivery Model current enrolled/assigned inmate roster consistently kept updated? Is it given to the Vice-Principal and Principal on at least a weekly basis? 	No	The AEDM is not activated.
38.	Are students' gains being recorded and tracked?	No	None of the students are being tracked.

COMPLIANCE REVIEW FINDINGS

ACADEMIC EDUCATION SECTION

39.	Gender Responsive Strategies: Do all of the academic life skills classes have current course outlines that agree with the Office of Correctional Education/Gender Responsive Strategies (GRS) approved curriculum, i.e.? Women's Conflict and Anger Lifelong Management (W-CALM) (Feb. 2007), Women's Health (July 2007), Women's Parenting (January 2008) Women's Victims (July 2008)?	N/A	CSP-LAC does not house females.
40.	Do all of the academic life skills classes have current lesson plans that agree with the Office of Correctional Education/Gender Responsive Strategies approved curriculum?	N/A	CSP-LAC does not house females.
41.	ESTELLE and Behavior Modification Unit (BMU) programs: Is there an effective system in place to track monthly attendance, reporting, and evaluation of assigned inmates, their performance; and participation that allows you to provide a clear over-all rating of progress of each student in the Behavior Modification Unit/ESTELLE program?	N/A	CSP-LAC is not an Estelle or BMU program site
42.	Is there a tracking and evaluation process to determine inmate progress on the Behavior Modification Unit curriculum competencies including Conflict and Anger Lifelong Management and are you providing documentation to Unit Classification Committee every 30 days detailing how the inmates assigned to the Behavior Modification Unit program are performing?	N/A	CSP-LAC is not an Estelle or BMU program site

COMPLIANCE REVIEW FINDINGS

ACADEMIC EDUCATION SECTION

43.	<ul style="list-style-type: none"> Do ESTELLE students have access to computers as required in the framework of the program for training? Does the teacher have Test of Adult Basic Education scores on all of the students in the program? 	N/A	CSP-LAC is not an Estelle or BMU program site
44.	<p>Correctional Offender Management Profiling for Alternative Sanctions (COMPAS) – Risk and Needs Assessment:</p> <p>Are assessment teachers conducting assessments on eligible inmates as defined by the current Correctional Offender Management Profiling for Alternative Sanctions (COMPAS) Operations Manual?</p>	Yes	
45.	Does assessment staff utilize the current standardized Correctional Offender Management Profiling for Alternative Sanctions (COMPAS) Tracking Form?	Yes	
46.	Are the Correctional Offender Management Profiling for Alternative Sanctions (COMPAS) questionnaires shredded daily in accordance with confidential document procedure?	No	They are not trashed and shredded later. The COMPAS teachers stated that they needed a shredder.
47.	Are assessment interviews conducted in a semi-private environment?	Yes	
48.	Is appropriate assistance provided to inmates during participation in the Correctional Offender Management Profiling for Alternative Sanctions (COMPAS) assessment interview in accordance with departmental policies regarding Effective Communication, the Clark Remedial Plan, and Armstrong mandates?	Yes	

COMPLIANCE REVIEW FINDINGS

ACADEMIC EDUCATION SECTION

49.	<div style="border: 1px solid black; background-color: #f2f2f2; padding: 2px;">Security and Order:</div> <p>Are personal alarms issued to teachers and do they wear whistles and the personal alarms?</p>	Yes	
50.	<p>Are exits clearly marked and emergency evacuation plans posted in accordance with the institution's emergency evacuation plan?</p>	Yes	
51.	<div style="border: 1px solid black; background-color: #f2f2f2; padding: 2px;">Pre-Release</div> <p>Does the Pre-Release curriculum contain Life Skills; Communication Skills; Attitude and Self-Esteem; Money Management; Community Resources; Job Application Training; Department of Motor Vehicles Practice Test; and Parole Services?</p>	Yes	<p>However, the Pre-Release materials are being handed out as packages throughout CSP-LAC and the Pre-Release program is not in a traditional classroom.</p>
52.	<p>Do all of the Pre Release lesson plans contain the objective, handouts, and methods for student evaluation?</p>	No	<p>All of the Pre Release lesson plans do not contain the objective, handouts, and methods for student evaluation. The Pre-Release teacher does not have students assigned to him. He does he have a classroom from which he runs this Pre-Release package program.</p>
53.	<p>Is the Pre-Release teacher receiving appropriate institutional and Parole and Community Services Division (P&CSD) staff support?</p>	No	<p>He stated that he was working with a Parole Agent I at LAC. The inmates who are receiving the packets are not being provided lectured or current printed information on available community services and parole support services.</p>
54.	<p>Is the Pre-Release curriculum recording system in-use, accurate, and current and are copies of monthly records maintained?</p>	No	<p>The teacher does not have any students assigned to him. Therefore, he does not maintain student files as required by OCE policies and procedures.</p>

COMPLIANCE REVIEW FINDINGS

ACADEMIC EDUCATION SECTION

55.	Does the Pre-Release instructor use a variety of teaching methodologies and allow for differentiation of instruction to meet individual learners' needs?	No	There is no in class time with the inmates; they are receiving packets from the teacher.
56.	Is the Pre-Release class a full-time program (4 days/8.5, 5 days 6.5 hours)? If no, is there an exemption on file?	No	There is no students assigned to the Pre-Release class; no PCR cards are kept.
57.	Are all of California Department of Corrections and Rehabilitation 128-E's, completion chronological reports and classroom records current and accurate and reflecting a full quota student enrollment?	No	No CDCR 128E's are developed; and no student folder are maintained.
58.	Does the Pre-release Teacher use the Framework for Breaking Barriers?	No	Again the Pre-Release instructor does not provide any in class instructions.
59.	Does the Pre-release teacher provide the Office of Correctional Education with monthly Pre-release reports on time and maintain copies of those Monthly Pre-release reports?	No	Since no students are assigned to the Pre-Release class; no records are kept and no Pre-Release report is sent to OCE.

COMPLIANCE REVIEW FINDINGS

ACADEMIC EDUCATION SECTION

60.	<div data-bbox="159 247 906 321" data-label="Section-Header"> <p>Recidivism Reduction Strategies Enhanced Outpatient Program Program:</p> </div> <p data-bbox="164 352 901 451">Is the Enhanced Outpatient Program Teacher a participating member of the Interdisciplinary Treatment Team (IDTT) meetings?</p>	No	<p>While the program is receiving very good support from mental health staff, the teacher is not part of the Mental Health IDTT in violation of the RRS Legislative BCP funding parameters, EOP Teacher Duty Statement and OCE EOP Program requirements. The Chief Psychologist must work with the teacher to ensure the teacher participates in the IDTT and that the EOP teacher has commanding input as to those EOP inmates that are to attend education sessions. This cooperative effort is necessary because while the mental health staff determine when the medication is stabilized and ensures that the cognitive ability is no longer impairing the inmate from learning basic skills in reading, math, and language, the teacher is tasked with prioritizing who she serves and the length of time based on individual need as recorded on the Individualized Treatment and Education Plan (ITEP). The IDTT attendance by the teacher can be limited to reviews of EOP inmates being considered to be placed in the education sessions. The teacher is tasked with working one on one, small groups or large groups of no more than 15 total inmates depending on the educational activity needed by the inmate on the ITEP.</p>
61.	<p>Is there a current roster of Enhanced Outpatient Program inmates determined eligible by Interdisciplinary Treatment Team (IDTT) and the Enhanced Outpatient Program teacher to receive education services?</p>	Yes	<p>Developed and determined without input from the EOP teacher.</p>

COMPLIANCE REVIEW FINDINGS

ACADEMIC EDUCATION SECTION

62.	Is the required student assessment for development of the Individualized Treatment and Education Plan completed in accordance with the Enhanced Outpatient Program assessment guidelines timelines?	Yes	There has been difficulty in receiving the TABE and CASAS test scores in order to complete the ITEP for the inmate within the time frames. The teacher starts providing education services before receiving the assessment scores.
63.	Is there documentation of the education services provided to Enhanced Outpatient Program inmates?	Yes	The teacher keep records on what the inmates are working on and the time spent on tasks.
64.	<div style="border: 1px solid black; padding: 2px;">Transforming Lives Network Program:</div> Are alternate modalities available for use within the housing units for the distant learning program? For example, video, Transitional Living Network, institutional television, visual worksheets, etc.?	No	There is no AEDM or TV Specialist in place.
65.	Is the television specialist recording Transforming Lives Network broadcasting and archiving copies for re-broadcast and individual teacher access?	No	There is no TV Specialist in place. No other staff performing this activity.
66.	Is the television specialist setting up a broadcast schedule for the school and distributing that schedule to the school faculty?	No	There is no TV Specialist in place. No other staff performing this activity.
67.	Are school faculty members given the opportunity to provide input into the broadcast schedule?	No	There is no TV Specialist in place. No other staff performing this activity.
68.	<div style="border: 1px solid black; padding: 2px;">Recreation/Physical Education (P.E.):</div> Is there a current and comprehensive activity schedule for the Recreation and/or Physical Education Program?	Yes	

COMPLIANCE REVIEW FINDINGS

ACADEMIC EDUCATION SECTION

69.	Does the Physical Education teacher follow the California Department of Corrections and Rehabilitation approved selection process for movies?	Yes	
70.	Does the Physical Education teacher have sign-up sheets, team rosters, or other evidence of inmate participation in sports and health education activities?	Yes	
71.	Is California Department of Corrections and Rehabilitation-approved State frameworks curriculum being used and are course outlines present?	yes	
72.	Are health education, physical fitness training and recreational activities being provided to the Special Needs populations?	Yes	
73.	Does the Physical Education teacher have a system in place to ensure accountability for state property including sports equipment, clothing and supplies?	Yes	
74.	Are there sufficient supplies, such as board games and sports equipment, to ensure a viable Physical Education program?	Yes	
75.	Are time-keeping records (California Department of Corrections and Rehabilitation Form 1697) on inmates assigned to work for the Physical Education teacher being kept?	Yes	However, the time-keeping records (California Department of Corrections and Rehabilitation Form 1697) on inmates assigned to work for the Physical Education teacher being kept by the LAC Recreation Officer.

COMPLIANCE REVIEW FINDINGS

ACADEMIC EDUCATION SECTION

76.	<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Recidivism Reduction Strategies (Physical Education):</div> Are health education, physical fitness training and recreational activities being provided to the geriatric population (age 55 and over)?	No	No supporting evidence found that verifies that health education, physical fitness training and recreational activities being provided to the geriatric population (age 55 and over)
77.	Have the funds for the Recidivism Reduction Strategies funds for the geriatric population been expended for the geriatric population?	NO	No supporting documentation was found that verifies that the funds for the Recidivism Reduction Strategies funds for the geriatric population been expended for the geriatric population. The PE Teacher reports that she was not allowed to spend the funds.

COMPLIANCE REVIEW FINDINGS

VOCATIONAL EDUCATION SECTION

NO.	INSTITUTION: CSP, LAC DATE: March 12-21, 2008 COMPLIANCE TEAM: Beverly Penland	YES/NO N/A	COMMENTS
1.	Student Job Description:	Yes	
	Are all of the inmate students' job descriptions accurate, complete, signed, and available?		
2.	Student Records/Achievements:	No	The Office Services and Related Technology (OSRT) class has current test scores and had just retested students who needed a post. The two other programs reviewed did not have current TABE scores. There seems to be a disconnect as when to test, who tests, getting test materials, etc.
	Do all of classroom files reflect Test of Adult Basic Education scores that are not over six months old for students under the California Department of Corrections and Rehabilitation Literacy Plan and Office of Correctional Education Test of Adult Basic Education testing criteria?		
3.	Are all of the California Department of Corrections and Rehabilitation 128-E chronological reports, classroom records and timekeeping documents, current, accurate, and secure?	Yes	
4.	Is the curriculum recording system in-use, accurate, and current?	Yes	

COMPLIANCE REVIEW FINDINGS

VOCATIONAL EDUCATION SECTION

5.	Does the Permanent Class Record Card (California Department of Corrections and Rehabilitation Form 151) reflect the minimum student contact time of 6.5 hours x-time or 8.5 hours of x-time (on full days) for 4-10 programs?	No	The OSRT teacher reflects the time students arrive and leave. She gives "S" time when appropriate. Inmates often arrive up to an hour late due to a variety of reasons. The reasons include inmates returning to the housing unit before going to the classroom after they are released from the housing unit; inmates with institutional job assignments are released before those assigned to education; delays in feeding, etc. Due to those reasons, students are unable to receive the minimum student contact time.
6.	Are elective credits in the designated vocational subject being issued to inmates and recorded on the transcript?	No	The teachers were not aware that they could issue elective credits. They were very excited about being able to give them to their students.
7.	Are Trade/Industry Certifications being issued and recorded to those students earning them?	No	The OSRT teacher has received certification for Microsoft. The test computer is not setup or loaded with the Microsoft test software. The test computer was redirected for student use due to two students computers being non operational.
8.	Are Certificates of Completion or Achievement being issued and recorded for those students earning them?	Yes	
9.	<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Instructional Expectations:</div> Do all of the vocational education classes have course outlines that agree with the California Department of Corrections and Rehabilitation curriculum?	Yes	

COMPLIANCE REVIEW FINDINGS

VOCATIONAL EDUCATION SECTION

10.	Do all of the vocational education classes have lesson plans that agree with the California Department of Corrections and Rehabilitation curriculum?	Yes	
11.	Have the Literacy Implementation Plan sections (applicable to Vocational Education) been incorporated through a core set of literacy materials into the instructional plan and do lesson plans verify this?	Yes	
12.	Are Vocational Instructors conducting and documenting at least 4 hours of approved related formal classroom training each week for all inmate students?	Yes	
13.	Are all of the vocational programs that have a nationally recognized certification programs participating in that program?	No	The OSRT teacher is not yet certified for Microsoft. The test computer is not setup or loaded with the Microsoft test software.
14.	<div> Recidivism Reduction Strategies: </div> Is the Recidivism Reduction Strategies program instruction issuing trade certifications and/or National Center for Construction Education and Research (NCCER) certifications?	Yes	The Mill & Cabinet vocational teacher has filed for NCCER certification for Mill & Cabinet students.
15.	<div> National Center for Construction Education and Research: </div> Is all the National Center for Construction Education and Research (NCCER) accreditation guidelines for Standardized Training being used?	Yes	
16.	Are the Building Construction Trades using the Contren Learning Series text books as the primary classroom text book?	Yes	

COMPLIANCE REVIEW FINDINGS

VOCATIONAL EDUCATION SECTION

17.	Do all of the National Center for Construction Education and Research instructors have the resources needed to effectively teach the related trades?	No	<p>The Mill & Cabinet program has a panel saw that has not been installed for the past three years. A horizontal boring machine and a balloon sander that have not been installed since they were received over two years ago. All pieces of equipment are part of the curriculum and are necessary for the training of this trade.</p> <p>The plumbing class needs wood, nails, etc. to build the frameworks needed to provide training on installing plumbing, etc. and to provide trade training. Also, need a cage to store all the plumbing supplies needed for training inmates in the trade.</p>
18.	Are all of the building trade instructors currently National Center for Construction Education and Research Certified Instructors and have attended the Instructor Certification Training Program (ICTP)?	Yes	
19.	Are all of the craft instructors maintaining and conducting record keeping as outlined in the National Center for Construction Education and Research Accreditation Guidelines?	Yes	
20.	Are all of the instructors maintaining the confidentiality and maintain restricted access to inmate social security numbers used on the National Center for Construction Education and Research Form 200's?	Yes	

COMPLIANCE REVIEW FINDINGS

VOCATIONAL EDUCATION SECTION

21.	Are all of the written National Center for Construction Education and Research tests, National Center for Construction Education and Research test CD-ROMs and National Center for Construction Education and Research answer keys maintained in a secure locked location with an inventory of the tests on hand?	Yes	
22.	Are all of the students evaluated based on a 70% minimum passing score on National Center for Construction Education and Research written examinations?	Yes	
23.	Are those students that fail a National Center for Construction Education and Research written test or practical exam required to wait a minimum of 48 hours prior to being retested?	Yes	
24.	Are 90% or more of the students completing the first six National Center for Construction Education and Research CORE Modules prior to starting the Level 1 for the trade?	Yes	
25.	Are all National Center for Construction Education and Research performance evaluations conducted for each module and a record of the Performance Profile Sheet maintained?	Yes	
26.	Upon successful completion of the National Center for Construction Education and Research written and performance evaluation, is the instructor documenting and submitting the Form 200 to the Unit Training Representative (UTR) for signature and forwarding to Office of Correctional Education?	Yes	

COMPLIANCE REVIEW FINDINGS

VOCATIONAL EDUCATION SECTION

27.	Are all of the instructors accepting National Center for Construction Education and Research Modules and Completion Certifications issued prior to students being assigned to the vocational class?	Yes	
28.	<div>Test of Adult Basic Education (TABE) Testing</div> Are teachers testing within ten days of the student's initial entry into the classroom, as well as quarterly testing based on the Test of Adult Basic Education matrix?	No	Most teachers did not have TABE scores for their students. However, the OSRT teacher has current test scores in the files reviewed.
29.	Are the Test of Adult Basic Education tests administered according to the testing matrix?	No	Did not find current TABE scores in most files reviewed except in the OSRT class, which was current. Most did not what the TABE testing matrix was.
30.	Is the Test of Adult Basic Education locator being used when needed to determine which level appropriate Test of Adult Basic Education test to administer?	No	One teacher did not know what the TABE Locator Test was and has never used it. The other teachers were aware of it and its use.
31.	Are teachers using Test of Adult Basic Education pre-post subtest diagnostic reports for student needs assessment and are they reviewing test scores with inmates?	No	There are teachers who have not TABE tested their students. The teachers who have not tested their students do not have a copy of the TABE subtest and have not discussed them or its results with their students.
32.	Are teachers using the Test of Adult Basic Education test results as a diagnostic tool for individualized instruction and trouble shooting Test of Adult Basic Education score losses in their classes?	No	Teachers who have not or were not testing their students did not have subtests.

COMPLIANCE REVIEW FINDINGS

VOCATIONAL EDUCATION SECTION

33.	Are current Test of Adult Basic Education subtests placed in student's file?	No	TABE subtests were not found in most files
34.	<div style="border: 1px solid black; padding: 2px;">Gender Responsive Strategies:</div> <p>Do all or more of the Gender Responsive Strategies (GRS) vocational classes have current course outlines that agree with the Office of Correctional Education/Gender Responsive Strategies approved curriculum, i.e. Cosmetology, Mill & Cabinet, Cable Technician, etc.?</p>	N/A	
35.	Do all or more of the vocational classes have current lesson plans that agree with the Office of Correctional Education/Gender Responsive Strategies approved curriculum?	N/A	
36.	<div style="border: 1px solid black; padding: 2px;">Security and Order:</div> <p>Are personal alarms issued by institution to instructors and do they wear a whistle and the personal alarms?</p>	No	The teacher in Minimum Facility is not issued an alarm. His classroom is also in a bind area.
37.	Are exits clearly marked and emergency evacuation plans posted in accordance with the institution's emergency evacuation plan?	Yes	
38.	Is there an Inmate Safety Committee that conducts and records weekly safety inspections?	Yes	
39.	Are safety meetings being held and documented?	Yes	

COMPLIANCE REVIEW FINDINGS

VOCATIONAL EDUCATION SECTION

40.	<div style="border: 1px solid black; background-color: #f2f2f2; padding: 2px;">Trade Advisory Committee:</div> <p>Does the instructor have a documented, Trade Advisory Committee that meets at least quarterly?</p>	Yes	
41.	<div style="border: 1px solid black; background-color: #f2f2f2; padding: 2px;">Job Market Analysis:</div> <p>Is a current Employment Development Department Job Market Analysis and/or institutional Job Market Survey on file?</p>	Yes	
42.	<div style="border: 1px solid black; background-color: #f2f2f2; padding: 2px;">Apprenticeship:</div> <p>Is there an active Apprenticeship Training Program?</p>	N/A	
43.	<p>If yes, do inmates meet apprenticeship requirements and receive pay?</p>	N/A	
44.	<p>Does the instructor have a documented active Joint Apprenticeship Committee that meets at least quarterly within the institution?</p>	N/A	
45.	<div style="border: 1px solid black; background-color: #f2f2f2; padding: 2px;">Employee and Community Services Programs.</div> <p>If vocational education programs are participating in Employee Services Programs, are they meeting Department Operation Manual and Penal Code requirements?</p>	N/A	
46.	<p>If vocational education programs are participating in community service projects, are they meeting Department Operation Manual requirements?</p>	Yes	

COMPLIANCE REVIEW FINDINGS

LIBRARY/LAW LIBRARY SECTION

NO	INSTITUTION: CSP, LAC DATE: March 12-21, 2008 COMPLIANCE TEAM: Raul Romero	YES/NO or N/A	COMMENTS
1.	<div data-bbox="159 380 911 422" style="background-color: #e0e0e0;">Library Staffing:</div> <ul style="list-style-type: none"> Does the Principal, Academic Vice-Principal, or Vocational Vice-Principal supervise the library staff? Does the Senior Librarian implement/plan the library program? 	Yes	The Principal is currently directly supervising the Senior Librarian.
2.	<div data-bbox="159 646 911 720" style="background-color: #e0e0e0;">Department Operation Manual and Department Operation Manual Supplement:</div> <ul style="list-style-type: none"> Is the current Department Operation Manual, Section 53060 available in main library (ies) and satellite library (ies)? Is there a Department Operation Manual library supplement that is brief, and contains no new policies and/or regulations unless they are court-ordered and does the Department Operation Manual supplement reflect the current, actual local library program? 	Yes	New most current DOM and Title 15 are available.
3.	<div data-bbox="159 1098 911 1140" style="background-color: #e0e0e0;">General Population (GP) Access Hours:</div> <ul style="list-style-type: none"> Are library hours of operation posted where General Population inmates can see them, and do General Population inmates have access to the library during off work hours? Do General Population inmates have regular access to non-legal library services? 	Yes	Access to the General population is available.
4.	<div data-bbox="159 1434 911 1476" style="background-color: #e0e0e0;">General Population</div> <div data-bbox="159 1476 911 1518" style="background-color: #e0e0e0;">Law Library Documentation:</div> <ul style="list-style-type: none"> Is there documentation of General Population inmates' access to law library for a minimum of two hours within seven calendar days of their request for legal use? Is there a list showing inmates who request legal access, and those who received access? 	Yes	

COMPLIANCE REVIEW FINDINGS

LIBRARY/LAW LIBRARY SECTION

5.	Restricted Housing Status Inmate Access: <ul style="list-style-type: none"> • If there are Restricted Housing inmates in the institution, is there a Department Operation Manual supplement relating to their use of the library? • Is there a method for Restricted Housing inmates to request physical access to the law library which includes a list showing Restricted Housing inmates requests for access and inmates who actually used the library and is access granted for a minimum of one two-hour block of time if needed by the inmate, within seven calendar days of a request? 	Yes	There is heavy demand for library services in the Administrative Segregation Unit. The Administrative Segregation Unit appears to need a full time LTA. There are two library staff members out leaving a staffing void that needs to be addressed as soon as possible. It is recommended that OCE assist in the Principal and Senior Librarian in seeking ways to fill the void.
6.	Restricted Housing Status Non-Legal Library Services: <p>Do Restricted Housing inmates receive general library services?</p>	Yes	Appropriate accountability logs are maintained for all restricted housing services.
7.	Library Expenditures: <ul style="list-style-type: none"> • Are library funds spent for magazines/newspaper subscriptions, fiction and nonfiction books, supplies, processing, repair, and interlibrary loan fees? • If other items are purchased, are they for library use? 	Yes	There are new purchasing protocols that have resulted in delay of some purchases.
8.	Inmate Welfare Funds (IWF) Expenditure: <p>Are Inmate Welfare Funds used to purchase newspapers, magazines, and paperback fiction books, etc.?</p>	Yes	The Senior Librarian monitors purchases to ensure they are processed.
9.	Law Library Expenditure: <ul style="list-style-type: none"> • Does the Senior Librarian understand the process associated with receiving the mandated law discs/books through the warehouse or mail room? • Are the Stock Received Reports completed and submitted to the Regional Accounting Office? 	Yes	

COMPLIANCE REVIEW FINDINGS

LIBRARY/LAW LIBRARY SECTION

10.	<ul style="list-style-type: none"> Are all received mandated law books and discs made available to inmates in a timely manner? Are the discs timely loaded on the Law Library Electronic Data System computer? Are the law books shelved promptly? 	Yes	
11.	<ul style="list-style-type: none"> Are law library discs checked in by the Associate Information Specialist Analyst? If not, who checks them? 	Yes	The Senior Librarian checks the law library disks and completes the Stock Received Report.
12.	Does the librarian know what steps to take if a mandated law library book or disc is not received when it should be?	Yes	
13.	<div style="border: 1px solid black; padding: 2px;">Library Book Stock - Quality, Part I:</div> <ul style="list-style-type: none"> Within the entire institution's libraries, is there at least one encyclopedia with a copyright date within the last five (5) years and one unabridged dictionary (no older than 5 years); Does the library program have at least three directories relevant to the questions asked by the population served? 	No	The unabridged dictionary is over 5 years old.
14.	<div style="border: 1px solid black; padding: 2px;">Library Book Stock - Quality, Part II:</div> <p>Does each library in the institution have a current world almanac, an atlas that is no more than three (3) years old, an English language dictionary that is no more than five (5) years old, and a Spanish and English dictionary that is no more than ten (10) years old?</p>	Yes	
15.	<div style="border: 1px solid black; padding: 2px;">Library Book Stock - Quality, Part III:</div> <ul style="list-style-type: none"> Does each library regularly inspect the physical condition of their books? Does the library program have a book repair procedure 	Yes	

COMPLIANCE REVIEW FINDINGS

LIBRARY/LAW LIBRARY SECTION

16.	Library Book Stock - Quality, Educational Support, Literacy, Multi-Ethnicity: Does each library in the institution have at least one (1) textbook and two (2) supplemental titles which have copyright dates not more than ten (10) years old representing each vocational and academic program in the institution, a minimum of 100 titles representing high interest/low level reading books, a minimum of 250 multi-ethnic titles, including but not limited to Black American, Asian-American, Hispanic-American (inc. Spanish language) and Native American materials?	Yes	
17.	Library Book Stock - User Orientation: <ul style="list-style-type: none"> • Are book collections designed to meet the needs and interests of the inmate population served? • Does the librarian regularly meet with an inmate library advisory group, and does the library maintain a suggestion box? 	Yes	The Senior Librarian works with the Men's Advisory Council (MAC) as library issues are placed on the MAC agenda. The last MAC Agenda with library items is dated March 8, 2008.
18.	Library Book Stock - Quantity: (Department Operation Manual Book Aug) <ul style="list-style-type: none"> • Does the current library collection contain the number of fiction and nonfiction books mandated by California Department of Corrections and Rehabilitation? • Does this include any new books purchased through Recidivism Reduction Strategies (RRS) funding? 	No	The books purchased through RRS funds are available to inmates. There is a high demand for fiction and nonfiction books but not enough funds to purchase new books. Used donated books constitute a large number of books going to inmates. Due to the new reception center mission, book loss is a greater risk as inmates move in and out of the reception center.
19.	Have all books purchased through the Recidivism Reduction Strategies funds been received, shelved, and inmate use tracked?	Yes	

COMPLIANCE REVIEW FINDINGS

LIBRARY/LAW LIBRARY SECTION

20.	Book Access: <ul style="list-style-type: none"> Is there a card catalog or equivalent system that inmates can use to find a book by title, author, or subject matter? Can inmates request books that are not in the library collection? 	Yes	Senior Librarian is seeking new technology for processing books. It is recommended that the OCE Principal Librarian assist the LAC Senior Librarian in obtaining funds to purchase such technology.
21.	Circulation: <p>Is there an adequate library book checkout system in place and an adequate overdue system in use?</p>	Yes	Senior Librarian is seeking new technology for a check out system. It is recommended that the OCE Principal Librarian assist the LAC Senior Librarian in obtaining funds to purchase such technology.
22.	Mandated Law Library/California Code of Regulations, Department Operation Manual <ul style="list-style-type: none"> Are the Gilmore v. Lynch mandated law books up to date? Does the library collection have the most current California Code of Regulations/Title 15 in English and Spanish? Is there a method of displaying proposed and actual revisions of California Code of Regulations/Title 15 for the inmate population, and does each library have a complete up-to-date Department Operation Manual? Are all the Law Library Electronic Data System computers up-to-date and operating in each library? 	Yes	<p>LAC has additional backup LLDS computers and has one in the Administrative Segregation Unit. However, there needs to be an electrical plug added to run it.</p> <p>It is not operable that the additional electrical plug be added as soon as possible to make the LLDS system usable. There is no major electrical work needed and there is not undue power use beyond existing capacity.</p>
23.	Law Library - American Disability Act (ADA): <p>Are American Disability Act mandatory postings present in the library?</p>	Yes	There has been an increase in required postings as the RC conversion grows and medical/mental health staff and cases increase.
24.	Circulating Law Library: <p>Is a procedure for accessing the Circulating Law Library in place?</p>	N/A	Circulating law library services are no longer available through out CDCR law libraries.

COMPLIANCE REVIEW FINDINGS

LIBRARY/LAW LIBRARY SECTION

25.	Court Deadlines: Are court deadlines verified, and is there documentation that inmates with established court deadlines have priority access to the library?	Yes	
26.	Law Library Forms and Supplies: Do inmates have access to court required forms; are required legal supplies adequate and available; are procedures to distribute forms and supplies appropriate; and do all law libraries follow the same law library procedures?	Yes	
27.	General Library Forms and Supplies: Are adequate supplies available to process library materials, and are there standardized forms for library procedures that are used by all the libraries in the institution?	Yes	
28.	Inmate Clerk Training: <ul style="list-style-type: none"> Do inmate library/law library clerks receive documented training? Are training records maintained for each inmate employee? Do inmate clerks receive training on a regular basis in law library and general library processes? 	Yes	
29.	Security and Order: <ul style="list-style-type: none"> Are personal alarms issued by institution to library staff; does library staff wear a whistle and the issued personal alarms? Are exits clearly marked and evacuation plans posted in accordance with the institution's emergency evacuation plan? 	Yes	

COMPLIANCE REVIEW FINDINGS

FEDERAL GRANT PROGRAMS SECTION

Workforce Investment Act (WIA)

	INSTITUTION: CSP, LAC DATE: March 10-11, 2008 COMPLIANCE TEAM: Mark Lechich	YES/NO or NA	COMMENTS
Duty Statement / Job Description / Credentials			
1.	Do you have a current duty statement on file (within one year)?	No	The Literacy Lab has not functioned the past six years.
2.	Do you have a valid credential on file?	No	
Security / Order			
3.	Are personal alarms issued by the institution to teaching staff, and worn?	No	
4.	Are exits clearly marked and emergency evacuation plans posted in accordance with the institution's emergency evacuation plan?	No	
Supervisory / Support			
5.	Do you receive support from your supervisor and other educational staff?	No	
6.	Does the Vice Principal visit/observe your class? Does the Principal visit /observe your class? Do you maintain a sign-in log?	No	
Inmate Enrollment			
7.	Do you maintain a minimum enrollment of 27 students?	No	
8.	Do students receive direct/group instruction?	No	
9.	Is the Literacy Learning Lab a "self contained" program?	No	
Student Records / Testing Achievements			
10.	Do you verify non-GED or HS graduation of the student?	No	
11.	Do you start a student record file upon the student entering the Literacy Learning Lab program?	No	

COMPLIANCE REVIEW FINDINGS

FEDERAL GRANT PROGRAMS SECTION

Workforce Investment Act (WIA)

	INSTITUTION: CSP, LAC DATE: March 10-11, 2008 COMPLIANCE TEAM: Mark Lechich	YES/NO or NA	COMMENTS
12.	Does each student have a current TABE score? <i>If not, do you refer the student for testing?</i>	No	
13.	Do you assess student's basic skill level? <i>Describe</i>	No	
14.	Are at least 90% of the CDC-128E's, classroom records and accountability documents current, accurate and secured?	No	
15.	Are the Student Files current (incl. TABE and any assessment scores)? <i>Review</i>	No	
16.	Is there a current Student Job Description on file?	No	
Instructional Expectations			
17.	Do you use the approved CDCR Competency Based ABE curriculum?	No	
18.	Use of differentiated instructional methods? <i>Describe</i>	No	
19.	Do students track their own progress?	No	
20.	Do the students receive computer orientation? Is there continuous training? <i>Describe</i>	No	
21.	Do you maintain course outlines and lesson plans? <i>Review files</i>	No	
22.	Do you use alternative assessment instruments (besides the required TABE), to determine a student's instructional plan? <i>Describe</i>	No	
23.	Do students spend an average of six months of instructional time enrolled in the program?	No	
Other Services			
24.	Do you refer students to other services, i.e. medical? <i>Describe the process.</i>	No	
25.	Do you provide the students career-related information?	No	

COMPLIANCE REVIEW FINDINGS

FEDERAL GRANT PROGRAMS SECTION

Workforce Investment Act (WIA)

	INSTITUTION: CSP, LAC DATE: March 10-11, 2008 COMPLIANCE TEAM: Mark Lechich	YES/NO or NA	COMMENTS
26.	Do you have student aides? If so, how many and how are they used?	No	
27.	Have you participated in conferences, workshops and seminars from July 1, 2007– December 31, 2008? If so, provide a list.	No	
Expenses			
28.	Are spending levels appropriate for material purchases and training to support program needs?	No	
Equipment			
29.	Do you maintain a complete and current inventory of equipment? Is equipment tagged with a Workforce Investment Act property tag? Conduct an inventory.	No	
30.	Is your software appropriately maintained by PLATO's technical field staff?	No	
31.	Do you register all new software purchases with the AISA?	No	
Committees / Meetings			
32.	How often do you meet with the referral teacher for consultation on a student?	No	
CASAS/TOPSPRO Management Information System (MIS) Coordinator			
33.	Have you been trained in the area of California Accountability and the TOPSPRO Management Information System to appropriately perform your duties as a Comprehensive Adult Student Assessment System Coordinator? When was the date of the last training? Dates of last trainings	Yes	Ms. Fox is the CASAS Coordinator. She has been trained in the TOPSPRO Management Information System. The last training was in October, 2005.

COMPLIANCE REVIEW FINDINGS

FEDERAL GRANT PROGRAMS SECTION

Workforce Investment Act (WIA)

	INSTITUTION: CSP, LAC DATE: March 10-11, 2008 COMPLIANCE TEAM: Mark Lechich	YES/NO or NA	COMMENTS
34.	Do you have an adequate amount of Comprehensive Adult Student Assessment System (CASAS) testing materials to implement CASAS? <i>Explain the CASAS testing procedures at your institution.</i>	Yes	Adequate amount of testing materials. The teachers or supervisors pick-up testing materials in the Testing Office. Sign-Out/Sign-In Sheet system.
35.	Are the Comprehensive Adult Student Assessment System testing materials appropriately inventoried and secured?	Yes	Locked in cabinets in secured office. <u>See Findings below.</u>
36.	Are you using the latest version of the TOPSpro Management Information System software?	Yes	TOPSpro version 4.6 Build 69. The TOPSpro software is current.
37.	Is the hardware equipment (Scantron machine) and software (TOPSpro Management Information System) used to implement Comprehensive Adult Student Assessment System appropriately maintained?	Yes	Computer and scanner work well.
38.	Do you provide each teacher with a Student Performance by Competency Report to assistance them in preparing lesson plans?	Yes	Competency Reports for Students and Class. Some teachers use report to develop lessons for their students. Suggested Next Test Report.
39.	Do you know how to generate the California Payment Point Report ? Can you generate a Preliminary Payment Point Report ?	Yes	Ms. Fox checks the Payment Point Report after every scanning. The Preliminary Report is also checked for cleaning data. LAC currently has 335 Learning Gains.
40.	Are the appropriate students receiving and completing the Core Performance Surveys ? <i>Explain the process in place to ensure that students are receiving the surveys.</i>	Yes	If the ex-student is still at the institution the CASAS Coordinator or teacher would locate the ex-student to fill out survey.
41.	Can you generate an up to date list of students that will be receiving the Core Performance Survey for the past quarter?	Yes	Second Quarter data showed "No Student Qualified".
42.	Can you generate a Data Integrity site review?	Yes	Data Integrity Report is used for assisting Coordinator to locate errors in the data.

COMPLIANCE REVIEW FINDINGS

FEDERAL GRANT PROGRAMS SECTION

Workforce Investment Act (WIA)

	INSTITUTION: CSP, LAC DATE: March 10-11, 2008 COMPLIANCE TEAM: Mark Lechich	YES/NO or NA	COMMENTS
43.	Can you generate a Student Gains by Class Report ? Can you produce five student Entry/Update records and Pre/Post Test records? (Check reports with Student Gains by Class Report and Student Lister . Dates, testing books, and scores should match between records)	Yes	This report is given to teachers and supervisors to account for the students learning gains and progress. All records matched.

Comments:

The Phase I/II Literacy Learning Lab (LLL) has not operated for the past six years at LAC. New computers are on order and the new server was delivered two years ago.

Some CASAS Test booklets are missing. The LAC Education Department must pull the 32M, 33M and 081RX booklets from the testing cycle. These series of testing booklets can not be used at LAC, until the issue of the missing booklets is resolved. LAC must receive approval by Mark Lechich, WIA Administrator before they can test with the booklets mentioned above.

LAC WIA Inventory List is not current. Computers and printers purchased in 2004/2005 have not been identified with WIA Federal Tags or the location of these items. Laptops purchased in 2005/2006 also have not been identified with WIA Federal Tags or their location. It the responsibility of the LAC educational staff to submit a current WIA Inventory list to Mark Lechich every fiscal year.

The LAC Education Department is non-compliant with the federal Education Grievance Procedure. The Education Grievance Procedure Statement citing the appropriate federal code shall be posted in all classrooms and added to the Student Duty Statement per the Memorandum dated June 23, 2006.

COMPLIANCE REVIEW FINDINGS

DEVELOPMENTAL DISABILITY PROGRAM SECTION

No.	INSTITUTION: CSP, LAC DATE: March 12-21, 2008 COMPLIANCE TEAM: R. Romero/B. Penland	YES/NO or NA	COMMENTS
1.	<div style="border: 1px solid black; background-color: #f2f2f2; padding: 2px;">Administration:</div> <p>Are all Developmental Disability Program (DDP) staff appropriately assigned and under the supervision of the Principal in accordance with CDCR/OCE policy?</p>	Yes	The DDP teacher is under the supervision of appropriate education supervisors including the Principal. However, The DDP vacancy was just filled and the DDP Teacher is not reporting to work until April 2008.
2.	Does all education staff perform the required duties as described in the <u>Clark Remedial Plan (CRP)?</u> (Pages 43-44) Are those duties identified in their duty statements?	No	The DDP teacher will not report to work until April 2008. However, support for DDP students is being provided by a non DDP teacher in the interim.
3.	<div style="border: 1px solid black; background-color: #f2f2f2; padding: 2px;">Academic:</div> <p>Are DDP Academic assignments made to include all guidelines as described in the <u>Clark Remedial Plan?</u> (Pages 43-44and 51-56)</p>	Yes	DDP Academic assignments are made to include all guidelines as described in the <u>Clark Remedial Plan?</u> (Pages 43-44and 51-56).
4.	Does the Developmental Disability Program Teacher (DDPT) participate in Interdisciplinary Support Team (IDST) and appropriate Initial Classification Committee (ICC)/Unit Classification Committee (UCC) as provided in the CRP? (Page 43)	No	No evidence found to support that the DDPT participates in IDST and appropriate ICC/UCC committees as provided in the CRP.
5.	<p>Are DDP inmates being tested and assessed in accordance with the CRP? (Page 54)</p> <p>Does the assessment include a review of all relevant information in the C-File and other education records as stated in the CRP? (Page 53)</p>	No	No evidence found to support that DDP inmates being tested and assessed in accordance with the CRP and that the assessment include a review of all relevant information in the C-File and other education records as stated in the CRP.

COMPLIANCE REVIEW FINDINGS

DEVELOPMENTAL DISABILITY PROGRAM SECTION

6.	<p>Are Individual Treatment Education Plans (ITEP) prepared, executed and reviewed in accordance with the CRP? (Page 54)</p> <p>Are the Student Study Teams (SST) being operated in accordance with the CRP? (Page 54)</p>	No	No evidence found that ITEP's prepared, executed and reviewed in accordance with the CRP and that Student Study Teams (SST) being operated in accordance with the CRP.
7.	<p>Vocational:</p> <p>Are vocational assignments being made based on the eligibility criteria of the vocational assignment as defined in the course description and an inmate's ability to perform the essential functions of the assignment?</p>	Yes	There is no evidence of restrictive policies in place at LAC preventing DDP inmates from being assigned to vocational programs.
8.	<p>Library/Law Library:</p> <p>Does the DDP Library Technical Assistant (LTA) track all contacts with DDP eligible inmates by maintaining an individual file or alternate record for each DDP inmate? Does the record include evidence of all action and contact the DDP LTA has had with the inmate per the <u>Clark Remedial Plan</u>?</p>	Yes	The DDP population is receiving outstanding library services.
9.	Are library services, including orientation, reading and scribing law library services and ducats issued to access the law library when appropriate, being provided to DDP inmates in accordance with the CRP? (Page 44)	Yes	

CALIFORNIA DEPARTMENT OF CORRECTIONS AND REHABILITATION
OFFICE OF AUDITS AND COMPLIANCE

REPORT OF FINDINGS

INMATE
APPEALS

CALIFORNIA STATE PRISON - LANCASTER
MARCH 10 THROUGH MARCH 21, 2008

The seal of the California Department of Corrections and Rehabilitation is a circular emblem. It features a green outer ring with the text "DEPARTMENT OF CORRECTIONS AND REHABILITATION" at the top and "STATE OF CALIFORNIA" at the bottom, separated by two gold stars. The center of the seal depicts a golden scale of justice and a map of California.

PRELIMINARY

CONDUCTED BY

INMATE APPEALS BRANCH

INMATE APPEALS AUDIT EXECUTIVE SUMMARY

California State Prison Los Angeles County
March 17 21, 2008

This Executive Summary provides the area and a brief description of the findings of the Inmate Appeals Audit. Complete details will be provided in the Final Report. The findings have been discussed with the Appeals Office staff.

The findings in this Inmate Appeals Audit resulted in an overall score of 93. All areas and their results are listed below.

John Curiel, Correctional Counselor II (CC-II) Appeals Coordinator, and Robert Thomas, Correctional Counselor II Appeals Supervisor, assigned to the Appeals Office, are experienced and knowledgeable in all facets of the appeals process. The Appeals Office support staff, Karen Ericsson, Staff Service Analyst, Cori Campbel, and Office Assistant were helpful to the auditor. They were able to locate documents needed for the Review and provide information to assist the auditor. It was indeed a pleasure to work with Karen, and Cori in the Appeals Office.

OVERALL RATING	93
A. ACCESS TO INMATE APPEALS	100
B. TRACKING/FILING APPEALS	75
C. PREPARATION OF APPEALS	87
D. TIMEFRAMES	88
E. APPEAL RESPONSES	100
F. SPECIALIZED PROCESSING OF APPEALS	100
G. TRAINING and OFFICE STAFFING	100
H. CURRENT OVERDUE APPEALS	96

Corrective Action areas are:

- B. Tracking/Filing Appeals

- 3 **Does institution implement an appeal decision (granted or granted in part) modification order within 90 days? [CCR 3084.5(i)]**

There was no Modification Order Tracking System in place during the years of 2004 through June 2007. During the audit evidence was provided indicating that there is a Tracking System in place now and administrators are notified on a weekly basis. The administrative staff are to be noticed weekly of the overdue appeals on a consistent basis. The appeals IATS program is currently not working correctly. A work order is needed to correct the problem.”

- C. Preparation of Appeals

- 2. **Do dates on the appeal correspond with the dates on the IATS Program?**

- - . Several appeals show a discrepancy between the received dates and due dates on the 602 form verses those dates in the IATS program. In some cases there were no complete dates documented. This issue has been discussed with the Appeals staff and is in the process of being remedied.

- 3. **A review of the appeals indicate they are complete, all dates included and signatures included (all blanks file in appropriately on the 602 form)? DOM 54100.3**

- Several appeals failed to show the received, received return, and due dates in Sections “C” “E” and “G” of the 602 form.

- D. Timeframes

- 1. **Are appeals assigned at each level within five working days of receipt in the Appeals Office? AB 05/03 and DOM 54100.9**

The lower score in this question is due to Staff Complaints not being reviewed by the appropriate administrator and returned to the Appeals staff within five working days.

- 4. **Are second level responses completed with 20 working days, or 30 working days if first level is waived pursuant to section 3084.5(c)? [CCR 3084.6 (b)(3)]. Several completed responses were found reviewed and signed by administrative staff after the designated due date. Specifically, in the areas of Staff Complaints**

While there are some issues which need to be addressed, please know this is a well organized appeals office, and it was a pleasure observing the staff at work. The appeal’s staff are cross trained which is the exception and are dedicated to putting out a good product for LAC. Once these issues are corrected, LAC may have one of the better appeals offices in the Department.

Appeals Examiner, S. Wright

FINAL REPORT
INMATE APPEALS AUDIT

California State Prison Los Angeles County
March 17-21, 2008

Review Team: S. Wright, Facility Captain, Inmate Appeals Branch

SUMMARY CHART

AREA REVIEWED	RATING 2008	
	Score	Page No.
OVERALL RATING	93	1
A. ACCESS TO INMATE APPEALS	100	2
B. TRACKING/FILING APPEALS	75	4
C. PREPARATION OF APPEALS	87	5
D. TIMEFRAMES	88	6
E. APPEAL RESPONSES	100	7
F. SPECIALIZED PROCESSING OF APPEALS	100	8
G. TRAINING and OFFICE STAFFING	100	9
H. CURRENT OVERDUE APPEALS	96	10

INMATE APPEALS AUDIT
FINAL REPORT

California State Prison Los Angeles County
March 17-25, 2008

INMATE APPEALS AUDIT

The findings in this Inmate Appeals Audit resulted in an overall score of 93. All areas and their results are listed below.

John Curiel, Correctional Counselor II Appeals Coordinator (CC-II), Robert Thomas Correctional Counselor II Appeals Supervisor are experienced and knowledgeable in all facets of the appeals process. The Appeals Office support staff, Cori Campbel, Office Assistant and Karen Ericsson, Staff Service Analyst was very instrumental and helpful to the auditor. They were able to locate documents needed for the Review and provide information to assist the auditor. It was indeed a pleasure to work with Karen, and Cori in the Appeals Office.

The specific sections and their corresponding questions and scores are identified below. Copies of the Inmate Appeals Worksheets are available upon request.

A. ACCESS TO INMATE APPEALS:	Section Rating: 100
-------------------------------------	----------------------------

- 1) Do the law libraries, general population, and special housing units have the appropriate forms available on request from the inmate? [CCR 3084.1 (c)]**

27 sample # 27 # correct = 100 % Question Rating: 50 **Score: 50**

All of the housing units have a good supply of both CDC Form 602s and 1824s English and Spanish. The Housing Unit staff was cooperative with the auditor and familiar with the Appeals Process. Staff was aware of their responsibility in routing the appeals to the Appeals Office.

- 2) Does the institution provide inmate access to the California Code of Regulations (CCR), Department Operations Manual (DOM), Section 54100, Inmate/Parolee Appeals, and CDC Form 1824s in each inmate law library? [DOM Section 101120.11, 54100.3]**

27 sample # 27 # correct = 100 % Question Rating: 10 **Score: 10**

There was easy access to the forms and manuals in the law libraries. Law library staff was very helpful to the auditor.

- 3) Does the institution provide the orientation inmates a written summary of the inmate's right to appeal and appeal procedures? [CCR 3002(a)(2)]**

Yes Question Rating: 20 **Score: 20**

Reception Center staff is in compliance in this area and do an excellent job in carrying out this regulation

4) Does the institution provide the orientation inmates verbal staff instruction regarding the inmate's right to appeal and appeal procedures? [CCR 3002(a)(2)]

Yes Question Rating: 20 Score: 20

It is evident that there is an established procedure.

SECTION POINT TOTAL 100

Reception Center R&R Sergeant and staff have done an excellent job.

5) **Does the institution provide the CDC Form 602 in both English and Spanish?

Yes Question Rating: 0 Score: 0

** This question is for information gathering only.

B. TRACKING AND FILING APPEALS

Section Rating: 75

1. Does the Inmate Appeals Office utilize the automated Inmate Appeals Tracking System (IATS) to record all appeals received at the formal levels? [DOM Section 54100.9]

Yes

Question Rating: 15 **Score: 15**

2. A review of the appeals files indicate the appeal forms have been copied on both sides and supplemental documents are attached? [DOM Section 54100.3]

85 sample # 85 # correct = 100 % Question Rating: 25 **Score: 25**

3. Does the institution implement an appeal decision (granted or granted in part) modification order within 90 days? [CCR 3084.5(i)]

18 sample # 0 # correct = 0 % Question Rating: 25 **Score: 0**

The low score in this area is due to there being no Modification Order Tracking System in place during the years of 2004 through June 2007. During the audit evidence was provided indicating that there is a Tracking System in place and administrators are notified on a weekly basis.

4. Is there a procedure and tracking system in place for noticing Administrative Staff of overdue appeals?

[CCR 3084.6, DOM 54100.12]

Yes

Question Rating: 35 **Score: 35**

**The Administrative Staff are noticed weekly of the overdue appeals on a consistent basis. It is noted that the Appeals Office is also experiencing a problem with the IATS which often causes errors on the overdue report. The IATS is currently not imputing and outputting overdue appeals and modification orders correctly.*

RECOMENDATION Contact AISA to correct the problem.

SECTION POINT TOTAL 75

C. PREPARATION OF APPEALS	Section Rating	87
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- 1) **Are inmates interviewed at the first level of review or at second level if first level is waived?** [CCR 3084.5 (f) and DOM 54100.14]

85 sample # 85 # correct = 100 % Question Rating: 25 **Score: 25**

**Staff at LAC does an excellent job of noting the inmate interview was conducted at either the first or second level of review.*

- 2) **Do the dates on the appeal correspond with the dates on the IATS?**
[DOM Section 54100.9]

85 sample # 59 # correct = 69 % Question Rating: 25 **Score: 17**

**The lower score in this question is due to several appeals showing a discrepancy between the received dates and due dates on the 602 form verses those dates in the IATS program. In some cases there were no complete dates documented. This issue has been discussed with the Appeals staff and is in the process of being remedied.*

- 3) **A review of the appeals indicate they are complete, all dates included and signatures included (all blanks filled in appropriately on the CDC Form 602)?** [DOM Section 54100.3]

85 sample # 67 # correct = 79 % Question Rating: 25 **Score: 20**

**The lower score in this question is due to several appeals failing to show the received, return, and due dates in Sections "C," "E" and "G" of the CDC 602.*

- 4) **Is there evidence that appeal decisions are reviewed by the institution head or his/her designee?** ?[CCR 3084.5(e)(1)]

85 sample # 85 # correct = 100 % Question Rating: 25 **Score: 25**

SECTION POINT TOTAL **87**

Recommendation: *Establish procedures to ensure the dates on the 602 form match the dates in the IATS program. Provide training to appropriate staff to ensure the 602 form is filled in completely, including all dates.*

D. TIMEFRAMES

Section Rating: 88

- 1) **Are appeals being assigned at each level within five working days of receipt in the Appeals Office?** [DOM 54100.9]

85 sample # 48 # correct = 56 % Question Rating: 25 **Score: 14**

The low score in this question is due to Staff Complaints not being reviewed, and signed by appropriate administrators and then assigned by Appeals staff within five working days pursuant to AB 05/03 and DOM 54100.9

- 2) **Are informal appeals completed within ten working days?**
[CCR 3084.6 (b)(1)]

7 sample # 7 # correct = 100 % Question Rating: 25 **Score: 25**

- 3) **Are first-level responses completed within 30 working days?**
[CCR 3084.6 (b)(2)]

43 sample # 42 # correct = 98 % Question Rating: 25 **Score: 25**

- 4) **Are second-level responses completed within 20 working days, or 30 working days if first level is waived pursuant to section 3084.5(c)?** [CCR 3084.6 (b)(3)]

52 sample # 50 # correct = 96 % Question Rating: 25 **Score: 24**

*The low score in this question is due to several completed responses not being reviewed and signed by administrative staff prior to the due date. **Specifically, in the categories of Staff Complaints.***

SECTION POINT TOTAL 88

Recommendation: *Provide training to administrative staff regarding their responsibility to meet the required time constraint pursuant to AB 05/03 and DOM 54100.9. The monitoring of this requirement is the responsibility of the appropriate administrator.*

E. APPEAL RESPONSES	Section	Rating: 100
<p>1) Does the institution prepare a written response at the first level of review stating the appeal issue? [CCR 3084.5 (g) and DOM 54100.15]</p> <p><u>25</u> sample # <u>25</u> # correct = <u>100</u> % Question Rating: 25 Score: 25</p>		
<p>2) Does the institution prepare a written response at the first level of review stating the reasons for the specific decision being rendered? [CCR 3084.5 (g) and DOM 54100.15]</p> <p><u>25</u> sample # <u>25</u> # correct = <u>100</u> % Question Rating: 25 Score: 25</p>		
<p>3) Does the institution prepare a written response at the second level of review stating the appeal issue? [CCR 3084.5 (g) and DOM 54100.15]</p> <p><u>25</u> sample # <u>25</u> # correct = <u>100</u> % Question Rating: 25 Score: 25</p>		
<p>4) Does the institution prepare a written response at the second level of review stating the reasons for the specific decision being rendered? [CCR 3084.5 (g) and DOM 54100.15]</p> <p><u>25</u> sample # <u>25</u> # correct = <u>100</u> % Question Rating: 25 Score: 25</p>		

Excellent Job!

SECTION POINT TOTAL 100

F. SPECIALIZED PROCESSING OF APPEALS

Section Rating: 100

**STAFF COMPLAINTS
APPEAL RESTRICTION**

STAFF COMPLAINTS

- 1) **When a staff complaint is filed against a Peace Officer, is notice given to that Peace Officer regarding the filing of the complaint? (Unit 6 Memorandum of Understanding, Section 9.09(D), Personnel Investigations, AB 05/03, DOM 54100.25.2)**

Yes Question Rating: 20 Score: 20

- 2) **Is the institution keeping Staff Complaints for a period of five years? [DOM 54100.25.5 and Penal Code 832.5(b)]**

Yes Question Rating: 20 Score: 20

- 3) **Are all allegations of staff misconduct presented to the warden or designee for determination of the type of inquiry needed? [AB 05/03]**

Yes Question Rating: 20 Score: 20

- 4) **Are all allegations of staff misconduct presented to the warden or designee at least weekly? [AB 05/03]**

Yes Question Rating: 20 Score: 20

APPEAL RESTRICTION

- 5) **Is there evidence of authorization from the Chief of the Inmate Appeals Branch (IAB) to place an inmate on restriction? [CCR 3084.4(3), (4)]**

No Restrictions: 100 % Question Rating: 20 Score: 20

SECTION POINT TOTAL 100

G. TRAINING/OFFICE STAFFING	Section Rating: 100
------------------------------------	----------------------------

1. Is there evidence that the Appeals Coordinator works with the In-Service Training (IST) officer to ensure that training on the appeals procedure is carried out? [DOM 54100.3]

Yes

Question Rating: 20 **Score: 20**

2. Is there evidence that the Inmate Appeals Process training is provided to new supervisors during Supervisor's Orientation? [DOM 32010.10.2]

Yes

Question Rating: 30 **Score: 30**

3. Is there an updated Inmate Appeals lesson plan, which identifies recent changes in Department policy? [DOM 32010.8.4, 54100.3]

Yes

Question Rating: 30 **Score: 30**

4. If an inmate is assigned as a clerk in the unit, is he/she prevented from having access to the CDC Forms 602 at any level? [CCR Sections 3370(b) [component thereof]

Yes

Question Rating: 20 **Score: 20**

The high score received in this area is due in part to training of staff in appeals by the Appeals office and the IST Lieutenant. The appeal's training has been provided to all staff (including managers, supervisors, line staff, and non-peace officers) with the exception of Facility "C" Third Watch line staff, which training will be provided in the near future.

SECTION POINT TOTAL 100

H. CURRENT OVERDUE APPEALS

Section Total: 96

1) What is the number of the current overdue First Level appeals and by how many days late?

[CCR 3084.6, DOM 54100.12]

# of Days late	Number of Appeals	Pts	Point Deduction (Per appeal)
0-30 days	6	.25	1.50
31-90 days	1	.50	.50
91-180	0	.75	0
181+	0	1	0

Question Rating: 50

Points deducted: 2

Score: 48

2) What is the number of the current overdue Second Level appeals and by how many days late?

[CCR 3084.6, DOM 54100.12]

# of Days late	Number of Appeals	Pts	Point Deduction (Per appeal)
0-30 days	5	.25	1.25
31-90 days	1	.50	.50
91-180	0	.75	0
181+	0	1	0

Question Rating: 50

Points deducted: 2

Score: 48

APPEALS OVERDUE FROM OTHER INSTITUTIONS (NOT COUNTED):

# of Days late	Number of Appeals	Pts	Point Deduction (Per appeal)
0-30 days	0	.25	0
31-90 days	0	.50	0
91-180	0	.75	0
181+		1	0

of Appeals: 0

Points Deducted: 0

Score: N/A

*There were no overdue appeals from other institutions.

SECTION POINT TOTAL 96

ADDITIONAL AREAS OF REVIEW: This portion has been added to the audit format; however, these areas of the institution are reviewed for information gathering and scores will not be obtained.

1. Law Library access for ASU/SHU inmates:

- a) What is the process for allowing ASU/SHU inmates access to the law library?
[CCR 3122, 3160, 3164, 3343(k)]

ASU inmates are afforded physical access in the legal law library modules to the ASU law library five days a week for a two- hour period. The schedule allows access to the law library in Building "A-4", on specific days, to ensure all inmates have the opportunity to attend the law library. Access to the Law Library is determined by the Law Librarian and/or the Legal Officer, on a case-by-case basis.

- b) How often do these inmates have access to the law library?

Five days a week for two hours each visit.

- c) How does access to the law library differ between General Library User (GLU) and Priority Library User (PLU) inmates?

PLU inmates are given higher priority based upon established court deadline dates.

2. Medical Appeals Process:

- a) What is the process for answering medical and ADA appeals?

- i) Who responds?

Appropriate medical staff prepares a draft response.

- ii) Who interviews the inmate?

Appropriate medical staff and Social Worker.

- iii) Who prepares the response?

The Health Care Appeals Coordinator prepares the response from the draft response.

- b) Talk to the CMO/HCM regarding medical appeals process.

Discussion with the CMO/HCM/CHASA revealed that the medical appeals process is in compliance and above standard. Excellent job!

CALIFORNIA DEPARTMENT OF CORRECTIONS AND REHABILITATION
OFFICE OF AUDITS AND COMPLIANCE

PROGRAM COMPLIANCE REVIEW

REPORT OF FINDINGS

ADMINISTRATIVE
SEGREGATION
BED UTILIZATION
REVIEW

CALIFORNIA STATE PRISON, LANCASTER

MARCH 10 THROUGH 21, 2008

PRELIMINARY



CONDUCTED BY

COMPLIANCE/PEER REVIEW BRANCH

California State Prison - Lancaster
DISCIPLINARY

CDC #	Days From 114D to Initial CSR Referral	Days From Initial ICC Referral To CSR Review	Expiration Date Of Current CSR ASU Extension	If ASU Extension Has Expired, By how Many Days?	Date of RVR	Charge	Postponed Pending DA	Days From RVR to Hearing	Days from Hearing to Captains Review	Days from Captain's Review to CDO Review	Days from CDO Review to ICC Review	Days from RVR to BPT Desk	Days from BPT Desk To BPT for Offer	Days to BPT Offer or Hearing	Days from Incident to ISU Receiving 837	ISU Receipt to DA Screenshot or Referral	Days from referral to DA Accept/ Reject/ Pending	Accepted/ Rejected	Total Days since Initial ASU Placement	Comments
C59453(1)	4	20	4/7/08	0	7/22/07	Indecent Exposure	No DA referral	29	18	11	51	N/A	N/A	N/A	N/A	N/A	N/A	N/A	239	(1) While in ASU, the inmate received an additional SHUable RVR. See the next entry for the processing time on this RVR. (2) Endorsed for SAC-PSU on 2/26/08.
C59453(2)	N/A	N/A	N/A	N/A	10/14/07	Indecent Exposure	Yes	22	10	42	28	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Assessment of the processing time for the RVR only.
D18653	10	14	5/22/08	0	7/17/06	Attempted Murder	Yes	266	42	3	21	N/A	N/A	N/A	31	77	146	Reject	609	Endorsed for COR-SHU
D79179(1)	8	8	4/18/08	0	4/5/06	Battery on Inmate	No DA referral	33	3	0	28	N/A	N/A	N/A	N/A	N/A	N/A	N/A	712	While in ASU, the inmate received 3 additional SHUable RVRs. See the next 3 entries for the processing time on these RVRs.
D79179(2)	N/A	N/A	N/A	N/A	1/18/07	Possession of Weapon	Yes	141	35	4	100	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Assessment of the processing time for the RVR only.
D79179(2)	N/A	N/A	N/A	N/A	6/19/07	Battery on Staff	No	27	7	1	93	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Assessment of the processing time for the RVR only.
D95411	5	21	4/1/08	0	9/26/07	Battery on Inmate with SBI	Yes	Pending	N/A	N/A	N/A	N/A	N/A	N/A	29	120	0	Reject	170	
F11984	9	18	4/8/08	0	10/2/07	Possession of Weapon	No	61	18	7	28	N/A	N/A	N/A	7	21	N/A	Screen-Out	167	

California State Prison - Lancaster
DISCIPLINARY

CDC #	Days From 114D to Initial CSR Referral	Days From Initial ICC Referral To CSR Review	Expiration Date Of Current CSR ASU Extension	If ASU Extension Has Expired, By how Many Days?	Date of RVR	Charge	Postponed Pending DA	Days From RVR to Hearing	Days from Hearing to Captains Review	Days from Captain's Review to CDO Review	Days from CDO Review to ICC Review	Days from RVR to BPT Desk	Days from BPT Desk To BPT for Offer	Days to BPT Offer or Hearing	Days from Incident to ISU Receiving 837	ISU Receipt to DA Screnout or Reeferral	Days from referral to DA Accept/ Reject/ Pending	Accepted/ Rejected	Total Days since Initial ASU Placment	Comments
F23319	14	19	11/29/07	109	8/16/07	Terrorist Threats	No DA referral	36	4	27	24	N/A	N/A	N/A	N/A	N/A	N/A	N/A	214	(1) The RVR was heard on 9/21/07 and inmate found guilty of Conduct Conducive to Violence. Despite ICC reviews of 11/15/07 and 1/17/08, this case was not presented to CSR. The last CSR review was completed on 9/18/07. (2) On 2/26/08, a new CDC 114-D was issued retaining inmate in ASU due to enemy concerns. Staff should have issued a CDC 114-D to justify continued ASU retention immediately upon adjudication of the RVR for a reduced non-SHUable offense.
F35970	10	20	3/26/08	0	7/2/07	Sexual Assault	No DA referral	105	10	6	21	N/A	N/A	N/A	N/A	N/A	N/A	N/A	245	0
F66020	9	131	4/14/08	0	4/24/07	Battery on Staff	No DA referral	72	47	2	119	N/A	N/A	N/A	N/A	N/A	N/A	N/A	328	0
F72176	6	40	4/3/08	0	8/23/07	Battery on Staff	No	25	8	9	35	N/A	N/A	N/A	32	31	1	Reject	206	Endorsed for SAC-PSU
F75324	10	20	1/2/08	75	9/24/07	Attempted Murder	No	39	39	91	6	N/A	N/A	N/A	113	38	0	Reject	175	Though adjudicated, this RVR has not been reviewed by ICC. The date of this ASU Bed Utilization review (3/17/08) is being used to assess the processing time to date.
F78116	4	27	2/22/08	24	9/23/07	Possession of Weapon	No	32	25	10	14	N/A	N/A	N/A	16	57	N/A	Pending	176	0

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CDC #	Days From 114D to Initial CSR Referral	Days From Initial ICC Referral To CSR Review	Expiration Date Of Current CSR ASU Extension	If ASU Extension Has Expired, By how Many Days?	Date of RVR	Charge	Postponed Pending DA	Days From RVR to Hearing	Days from Hearing to Captains Review	Days from Captain's Review to CDO Review	Days from CDO Review to ICC Review	Days from RVR to BPT Desk	Days from BPT Desk To BPT for Offer	Days to BPT Offer or Hearing	Days from Incident to ISU Receiving 837	ISU Receipt to DA Screenshot or Referral	Days from referral to DA Accept/ Reject/ Pending	Accepted/ Rejected	Total Days since Initial ASU Placement	Comments
H46981	7	22	5/2/08	0	9/20/06	Sexual Misconduct	No DA referral	99	12	0	121	N/A	N/A	N/A	72	109	9	Reject	543	While in ASU, the inmate received several additional RVRs for Sexual Misconduct/Indecent Exposure and Threatening Staff. These RVRs were adjudicated resulting in controlling MERD of 5/2/08. The Reviewing Team does not assess the processing times on these RVRs, as this spreadsheet does not have enough space to include such a lengthy assessment. Inmate is currently waiting for an evaluation for placement into the Exhibition Treatment Program.
H74326	0	26	2/7/08	39	8/30/06	Battery on Inmate	No DA referral	38	10	1	15	N/A	N/A	N/A	N/A	N/A	N/A	N/A	557	(1) Inmate was originally placed in ASU on 8/30/06 on suspicion of Mutual Combat. On 9/7/06, a new CDC 114-D was issued changing the charge to Battery on Inmate. (2) Following approval of SHU term for Battery on Inmate, several subsequent CSR actions endorsed inmate for SNY placement; however, he has not transferred to date. The last CSR endorsement was dated 10/17/07.
H96892	6	19	4/3/08	0	2/13/07	Drug Distribution	Yes	279	15	35	23	N/A	N/A	N/A	N/A	N/A	N/A	N/A	416	(1) Inmate postponed the hearing, but later rescinded the postponement. (2) Per ISU, this case has not been referred to DA as it is still pending LAB results (over 1 year since the incident).

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CDC #	Days From 114D to Initial CSR Referral	Days From Initial ICC Referral To CSR Review	Expiration Date Of Current CSR ASU Extension	If ASU Extension Has Expired, By how Many Days?	Date of RVR	Charge	Postponed Pending DA	Days From RVR to Hearing	Days from Hearing to Captains Review	Days from Captain's Review to CDO Review	Days from CDO Review to ICC Review	Days from RVR to BPT Desk	Days from BPT Desk To BPT for Offer	Days to BPT Offer or Hearing	Days from Incident to ISU Receiving 837	ISU Receipt to DA Screenshot or Referral	Days from referral to DA Accept/Reject/ Pending	Accepted/ Rejected	Total Days since Initial ASU Placement	Comments
K21279	7	26	3/11/08	6	9/6/07	Battery on Inmate with SBI	Unknown	Pending	N/A	N/A	N/A	N/A	N/A	N/A	28	165	N/A	N/A	193	(1) This case has not been referred to the DA. The date of this ASU Bed Utilization Review is being used for the sole purpose of assessing the processing time to date. (2) New CDC 114-D was issued on 2/7/08 in re validated association with a prison gang.
K81758	8	11	5/7/08	0	1/28/08	Drug Distribution	Yes	Pending	N/A	N/A	N/A	N/A	N/A	N/A	N/A	24	N/A	N/A	152	(1) Staff received Lab Results on 1/28/08. (2) This case has not been referred to DA. The date of this ASU Bed Utilization review is used to calculate the processing to date.
P43572	4	6	N/A	N/A	8/15/04	Attempted Murder	Yes	Pending	N/A	N/A	N/A	N/A	N/A	N/A	79	6	22	Accept	1310	While in ASU, inmate was validated as an associated of a prison gang. SHU Indeterminate was imposed by ICC on 5/18/06 and approved by CSR on 6/5/06. He is currently retained at LAC-ASU in Indeterminate SHU status pending resolution of the RVR.
P46603	9	18	4/23/08	0	10/2/07	Possession of Weapon	No	56	8	29	21	N/A	N/A	N/A	N/A	N/A	N/A	N/A	167	RVR of 10/2/07 for Possesssion of Weapon was dismissed. New CDC 114-D was issued on 1/24/08 for subsequent RVRs for Indecent Exposure.

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CDC #	Days From 114D to Initial CSR Referral	Days From Initial ICC Referral To CSR Review	Expiration Date Of Current CSR ASU Extension	If ASU Extension Has Expired, By how Many Days?	Date of RVR	Charge	Postponed Pending DA	Days From RVR to Hearing	Days from Hearing to Captains Review	Days from Captain's Review to CDO Review	Days from CDO Review to ICC Review	Days from RVR to BPT Desk	Days from BPT Desk To BPT for Offer	Days to BPT Offer or Hearing	Days from Incident to ISU Receiving 837	ISU Receipt to DA Screenshot or Referral	Days from referral to DA Accept/Reject/ Pending	Accepted/ Rejected	Total Days since Initial ASU Placement	Comments
P49561	4	18	1/5/08	72	4/1/07	Threat to Inmate	No DA referral	26	32	83	52	N/A	N/A	N/A	N/A	N/A	N/A	N/A	351	(1) SHU MERD expired on 5/16/08. Yet staff waited until 7/24/07 to issue a new CDC 114-D to address ASU retention due to to enemy concerns. On 1/9/08, another CDC 114-D was issued to retain inmate in ASU for the same reason. (2) ICC action of 1/10/08 referred case for transfer. However, this transfer recommendation has yet to be reviewed by a CSR.
P49638	10	22	2/28/08	18	1/2/07	Indecent Exposure	No	42	16	4	94	N/A	N/A	N/A	9	68	8	Reject	434	(1) RVR was issued prior to ASU placement. (2) While in ASU, the inmate received several additional RVRs for Indecent Exposure and Threatening Staff. These RVRs were adjudicated resulting in controlling MERD of 9/9/08. The Reviewing Team does not assess the processing times on these RVRs, as this spreadsheet does not have enough space to include such a lengthy assessment. Inmate is currently awaiting adjudication of a pending RVR for Mutual Combat.
P93904	5	5	3/28/08	0	11/24/07	Attempted Battery on Staff	Yes	Pending	N/A	N/A	N/A	N/A	N/A	N/A	52	9	N/A	Screen-Out	114	0

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CDC #	Days From 114D to Initial CSR Referral	Days From Initial ICC Referral To CSR Review	Expiration Date Of Current CSR ASU Extension	If ASU Extension Has Expired, By how Many Days?	Date of RVR	Charge	Postponed Pending DA	Days From RVR to Hearing	Days from Hearing to Captains Review	Days from Captain's Review to CDO Review	Days from CDO Review to ICC Review	Days from RVR to BPT Desk	Days from BPT Desk To BPT for Offer	Days to BPT Offer or Hearing	Days from Incident to ISU Receiving 837	ISU Receipt to DA Screnout or Reeferral	Days from referral to DA Accept/ Reject/ Pending	Accepted/ Rejected	Total Days since Initial ASU Placment	Comments
P97483(1)	9	19	11/8/07	130	10/4/05	Battery on Staff	No	100	8	5	36	N/A	N/A	N/A	73	13	119	Accept	895	(1) The RVR was ordered reissued/rehead. See the next entry for the processing time for the reissued/reheard RVR. (2) While in ASU, inmate received an addiitonal RVR dated 5/4/07 for Battery on Inmate. See Entry (3) below in re assessment pf the processing time for this RVR.
P97483(2)	N/A	N/A	N/A	N/A	3/13/06	Battery on Staff (Reissued/ Reheard)	No	84	1	1	1	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Assessment of the processing time for the reissued/reheard RVR only.
P97483(3)	N/A	N/A	N/A	N/A	5/4/07	Battery on Staff	No	52	1	6	73	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Assessment of the processing time for the additional RVR only.
T04816	5	13	4/9/08	0	7/7/07	Battery on Staff	No	62	18	27	38	N/A	N/A	N/A	31	36	12	Reject	254	Endorsed for transfer 12/11/07
T05121	8	47	3/28/08	0	9/12/07	Battery on Inmate with Weapon	No	28	6	2	7	N/A	N/A	N/A	20	28	N/A	N/A	187	0
T61263(1)	10	11	4/24/08	0	7/3/06	Battery on Staff	No	89	3	N/A	N/A	N/A	N/A	N/A	10	49	55	Accept	623	(1) CDO review was not documented on the RVR. (2) While in ASU, the inmate received an additional SHUable RVR. See the next 2 entries for the processing time on this RVR. (3) New CDC 114-D was issued on 12/27/07 in re SNY status. It should have been issued prior to the expiration of MERD of 3/11/07 [relative to the original RVR of 7/3/06 for Battery on Staff]. (4) Endorsed for KVSP-IV(SNY) on 12/26/07.

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CDC #	Days From 114D to Initial CSR Referral	Days From Initial ICC Referral To CSR Review	Expiration Date Of Current CSR ASU Extension	If ASU Extension Has Expired, By how Many Days?	Date of RVR	Charge	Postponed Pending DA	Days From RVR to Hearing	Days from Hearing to Captains Review	Days from Captain's Review to CDO Review	Days from CDO Review to ICC Review	Days from RVR to BPT Desk	Days from BPT Desk To BPT for Offer	Days to BPT Offer or Hearing	Days from Incident to ISU Receiving 837	ISU Receipt to DA Screnout or Reeferral	Days from referral to DA Accept/ Reject/ Pending	Accepted/ Rejected	Total Days since Initial ASU Placment	Comments
T61263(2)	N/A	N/A	N/A	N/A	10/13/06	Battery on Staff	U	146	15	7	34	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Assessment of the processing time for the first hearing the RVR only.
T61263(3)	N/A	N/A	N/A	N/A	5/8/07	Battery on Stass (Reissued/ Reheard)	No	52	6	4	122	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Assessment of the processing time for the second hearing the RVR only.
T64787(1)	6	12	4/20/08	0	6/8/07	Indecent Exposure	No	35	11	3	55	N/A	N/A	N/A	27	20	5	Reject	283	(1) While in ASU, the inmate received 4 additional SHUable RVRs. See the next 4 entries for the processing time on these RVRs. (2) Endorsed for COR- SHU
T64787(2)	N/A	N/A	N/A	N/A	7/19/07	Battery on Staff	No	19	3	34	77	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Assessment of the processing time for the RVR only.
T64787(3)	N/A	N/A	N/A	N/A	8/17/07	Indecent Exposure	No	19	20	3	62	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Assessment of the processing time for the RVR only.
T64787(4)	N/A	N/A	N/A	N/A	8/20/07	Indecent Exposure	No	16	20	3	62	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Assessment of the processing time for the RVR only.
T64787(5)	N/A	N/A	N/A	N/A	9/4/07	Indecent Exposure	No	19	7	9	51	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Assessment of the processing time for the RVR only.
T66640(1)	7	19	3/13/08	4	1/14/07	Possession of Weapon	Yes	79	20	1	72	N/A	N/A	N/A	4	50	N/A	N/A	382	
T66640(2)	N/A	N/A	N/A	N/A	7/3/07	Possession of Weapon	No	11	26	6	71	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Assessment of the processing time for the reissued/reheard RVR only.
T95708	6	19	4/8/08	0	10/5/07	Battery on Staff	Unknown	Pending	N/A	N/A	N/A	0	10	32	69	34	9	Reject	164	
V06127	8	35	3/26/08	0	9/10/07	Possession of Weapon	No	37	2	4	72	45	4	22	14	31	N/A	Screen-Out	187	(1) Originally charged with Battery on Inmate with Weapon. (2) Endorsed for COR-SHU.
V08125	8	26	5/2/08	0	1/18/06	Battery on Staff	Yes	Pending	N/A	N/A	N/A	N/A	N/A	N/A	27	62	28	Accept	789	

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CDC #	Days From 114D to Initial CSR Referral	Days From Initial ICC Referral To CSR Review	Expiration Date Of Current CSR ASU Extension	If ASU Extension Has Expired, By how Many Days?	Date of RVR	Charge	Postponed Pending DA	Days From RVR to Hearing	Days from Hearing to Captains Review	Days from Captain's Review to CDO Review	Days from CDO Review to ICC Review	Days from RVR to BPT Desk	Days from BPT Desk To BPT for Offer	Days to BPT Offer or Hearing	Days from Incident to ISU Receiving 837	ISU Receipt to DA Screnout or Referral	Days from referral to DA Accept/ Reject/ Pending	Accepted/ Rejected	Total Days since Initial ASU Placment	Comments
V58868(1)	10	25	1/26/08	51	8/6/07	Battery on Staff	No	30	20	9	70	N/A	N/A	N/A	9	215	N/A	N/A	224	(1) This case has not been referred to the DA. The date of this ASU Bed Utilization Review is being used to calculate the processing time to date. (2) While in ASU, the inmate received 3 additional SHUable RVRs. See the next 3 entries for the processing time on these RVRs.
V58868(2)	N/A	N/A	N/A	N/A	8/13/07	Indecent Exposure	No	39	18	0	65	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	(1) Assessment of the processing time for the RVR only. (2) This RVR has been ordered to be reissued/reheard. It is still pending adjudication.
V58868(3)	N/A	N/A	N/A	N/A	10/5/07	Battery on Staff	No	19	20	0	30	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	(1) Assessment of the processing time for the RVR only. (2) This RVR has been ordered to be reissued/reheard. It is still pending adjudication.
V58868(4)	N/A	N/A	N/A	N/A	11/1/07	Indecent Exposure	No	20	10	9	98	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	(1) Assessment of the processing time for the RVR only. (2) Though adjudicated, this RVR has not been reviewed by ICC. The date of this ASU Bed Utilization review (3/17/08) is being used to assess the processing time to date.
V61836	6	19	5/20/08	0	8/23/07	Battery on Inmate	No DA referral	40	3	7	34	N/A	N/A	N/A	20	N/A	N/A	N/A	206	Endorsed for SVSP-IV(!80)
AVERAGE	11	24		16				61	14	13	52	22.5	7	27	35	57	34		365	

**California State Prison - Lancaster
SAFETY**

CDC #	DAYS FROM 114D to INITIAL CSR REFERRAL	DAYS FROM INITIAL ICC REFERRAL TO CSR REVIEW	Expiration date of current CSR ASU Extension	How many days since ASU extension expired	Date of Referral to Staff for Investigation	Days to Completion of Investigation	Conclusion of Investigation to ICC Review	ICC referral to CSR After conclusion of Investigation	Days in ASU to date	Comments
C12519	1	47	7/2/08	0	1/9/08	0	8	21	61	Endorsed for PBSP-SHU on 3/4/08.
D55355	4	43	2/7/08	39	N/A	N/A	N/A	N/A	519	There was no investigation into this matter. It appears that ICC action of 12/7/06 recommended SNY placement based on inmate's request and self-expressed fear for his life during the Classification review. The inmate has been endorsed and is awaiting transfer to PVSP-IV(SNY).
E17254	0	40	6/25/08	0	10/19/06	89	1	160	515	(1) Inmate was originally placed in ASU for Threat to an Inmate, resulting in a finding of guilt of Conduct Conducive to Violence. A new CDC 114-D was issued on 10/19/06 for safety concerns. (2) Endorsed for KVSP-IV(SNY) on 2/25/08.
E75498	6	97	3/23/08	0	11/21/07	123	N/A	N/A	123	ISU cannot provide any information relative to the progress of the investigation. The date of this ASU Bed Utilization Review is used for the sole purpose of assessing the processing time to date.
E93894	4	21	7/3/08	0	12/13/07	4	56	0	99	Endorsed for CAL-IV

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SAFETY**

CDC #	DAYS FROM 114D to INITIAL CSR REFERRAL	DAYS FROM INITIAL ICC REFERRAL TO CSR REVIEW	Expiration date of current CSR ASU Extension	How many days since ASU extension expired	Date of Referral to Staff for Investigation	Days to Completion of Investigation	Conclusion of Investigation to ICC Review	ICC referral to CSR After conclusion of Investigation	Days in ASU to date	Comments
F11481	6	14	3/5/08	12	11/27/07	0	6	14	108	Inmate was originally placed in ASU on 11/27/07 for Mutual Combat resulting in enemy concerns. On 11/30/07, staff issued a new CDC 114-D to confirm a pending investigation into inmate's safety concerns.
F66051	10	36	12/19/07	89	12/26/07	114	36	N/A	189	Case has not been referred to CSR following completion of the investigation.
F78398	7	32	3/5/08	12	10/25/07	N/A	N/A	N/A	151	The investigation into inmate's safety concerns was stopped at the inmate's request during the ICC of 12/6/07. However, the inmate was retained in ASU for an unrelated disciplinary matter.
F84973	7	20	1/20/08	57	11/21/07	98	26	N/A	124	(1) Joint investigation by LASO and IGI. (2) This case has not been referred to ICC following completion of the investigation. The date of this ASU Bed Utilization is being used for the sole purpose of assessing the processing time to date.

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SAFETY

CDC #	DAYS FROM 114D to INITIAL CSR REFERRAL	DAYS FROM INITIAL ICC REFERRAL TO CSR REVIEW	Expiration date of current CSR ASU Extension	How many days since ASU extension expired	Date of Referral to Staff for Investigation	Days to Completion of Investigation	Conclusion of Investigation to ICC Review	ICC referral to CSR After conclusion of Investigation	Days in ASU to date	Comments
K41972	6	90	11/9/2007	129	7/20/2007	132	109	N/A	241	(1) Case was not presented to CSR following Initial ICC referral. It was later presented to CSR based on subsequent ICC action of 9/20/07. (2) There was no ICC review following completion of the investigation. The date of this ASU Bed Utilization Review is used for the sole purpose of assessing the processing time to date. (3) The last ICC review was completed on 9/20/07 (approximately 6 months). The last CSR review was on 10/24/07. There appear to be no further ICC actions following this CSR review.

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SAFETY

CDC #	DAYS FROM 114D to INITIAL CSR REFERRAL	DAYS FROM INITIAL ICC REFERRAL TO CSR REVIEW	Expiration date of current CSR ASU Extension	How many days since ASU extension expired	Date of Referral to Staff for Investigation	Days to Completion of Investigation	Conclusion of Investigation to ICC Review	ICC referral to CSR After conclusion of Investigation	Days in ASU to date	Comments
K90508	7	32	2/28/08	18	N/A	N/A	N/A	N/A	655	(1) There was no actual investigation. At his Initial ASU review, ICC determined inmate had valid safety concerns based on available information in the Central File and retained him in ASU pending transfer. (2) Inmate's transfer review was delayed due to his receipt of 2 SHUable RVRs while in ASU. (3) There was no evidence in the Central File that staff had issued a new CDC 114-D following his receipt of the SHUable RVRs. (3) Inmate was endorsed for KVSP-IV(SNY) on 2/13/08.
V51793	8	26	3/19/08	0	9/20/07	75	24	46	187	
V86769	11	19	5/15/08	0	8/16/07	26	6	12	225	Case was originally endorsed for PVSP-IV(SNY) on 9/17/07. Upon expiration of this endorsement, it was reendorsed for SATF-IV(SNY) on 1/16/08.
AVERAGE	6	40		27		66	34	42	246	

**California State Prison - Lancaster
GANG**

CDC #	DAYS FROM 114D to INITIAL CSR REFERRAL	DAYS FROM INITIAL ICC REFERRAL TO CSR REVIEW	Expiration date of current CSR ASU Extension	If ASU extension is expired, how many days	Days from ASU Placement To Investigation Assignment being Received by IGI/Staff	Days to Completion of Investigation	Days from Completion of Investigation by IGI to LEIU For Validation	Days from referral to LEIU to Receipt of 128B-2	Days in ASU to date	Comments
F13659	7	61	2/18/08	28	N/A	N/A	N/A	N/A	249	There was no investigation. Gang validation was already completed from inmate' s last incarceration.
F67231	1	19	12/6/07	102	N/A	N/A	N/A	N/A	152	(1) There was no investigation. Gang validation was already completed from inmate' s last incarceration. (2) Last ICC review was completed on 1/31/08; however, case has not been referred to CSR.
F96964	6	88	None	N/A	0	28	4	Pending	94	This inmate has been in ASU since 12/14/07 (>3 months) without any CSR review. The date of this ASU Bed Utilization Review is used for the sole purpose of assessing the processing time to date.
H74145	6	98	5/3/2008	0	N/A	N/A	N/A	N/A	381	There was no investigation. Prison gang validation was completed during inmate's prior incarceration. Endorsed for COR-SHU on 1/4/08.
J00299	2	21	2/27/08	19	2	N/A	N/A	N/A	111	Gang investigation is still pending
J58926	7	6	4/4/08	0	N/A	N/A	N/A	N/A	403	(1) Inmate was originally placed in ASU on 12/21/06 for paroling from a SHU. New CDC 114-D was issued on 2/8/07 in re validated prison gang association. The validation was completed from prior incarceration. (2) Endorsed for PBSP-SHU 12/6/07.

**California State Prison - Lancaster
GANG**

CDC #	DAYS FROM 114D to INITIAL CSR REFERRAL	DAYS FROM INITIAL ICC REFERRAL TO CSR REVIEW	Expiration date of current CSR ASU Extension	If ASU extension is expired, how many days	Days from ASU Placement To Investigation Assignment being Received by IGI/Staff	Days to Completion of Investigation	Days from Completion of Investigation by IGI to LEIU For Validation	Days from referral to LEIU to Receipt of 128B-2	Days in ASU to date	Comments
K35597	5	117	None	N/A	N/A	N/A	N/A	N/A	122	(1) There was no investigation. Gang validation was already completed from inmate' s last incarceration. (2) This inmate has been in ASU since 11/16/07 (>4 months) without any CSR review. The date of this ASU Bed Utilization Review is used for the sole purpose of assessing the processing time to date.
K77964	1	12	4/7/08	0	0	232	1	104	355	0
P99507	1	82	5/23/2008	0	N/A	N/A	N/A	N/A	124	
T07359	9	25	4/7/08	0	0	92	120	83	314	0
T09462	72	26	2/19/08	27	0	24	62	54	258	Inmate was originally placed in ASU on 5/11/07 relative to an RVR dated 4/13/07 for Conspiracy to Commit Battery, which was dismissed by CDO on 6/28/08. The reason for ASU retention was changed to pending gang validation via CDC 114-D dated 7/3/07.
T54658	10	222	4/2/08	0	N/A	N/A	N/A	N/A	336	Following ASU placement, Inmate was seen by ICC on 4/26/07, 6/21/07, 8/16/07, and 11/15/07; however, the case was not actually presented to CSR until 12/4/07, when he was endorsed for PBSP-SHU.

California State Prison - Lancaster
GANG

CDC #	DAYS FROM 114D to INITIAL CSR REFERRAL	DAYS FROM INITIAL ICC REFERRAL TO CSR REVIEW	Expiration date of current CSR ASU Extension	If ASU extension is expired, how many days	Days from ASU Placement To Investigation Assignment being Received by IGI/Staff	Days to Completion of Investigation	Days from Completion of Investigation by IGI to LEIU For Validation	Days from referral to LEIU to Receipt of 128B-2	Days in ASU to date	Comments
V14304	9	35	5/3/08	0	N/A	N/A	N/A	N/A	188	There was no investigation. Prison gang validation was completed prior to ASU placement. Case was endorsed for PBSP-SHU.
V28317	6	14	6/24/08	0	N/A	5	16	55	318	Investigation stated prior to ASU placement.
V30710	7	42	6/4/08	0	0	11	18	125	550	(1) Endorsed for PBSP-SHU Indeterminate. (2) Transfer was delayed due to inmate receiving a RVR dated 9/29/07 for Battery on Inmate while in ASU.
V64825	6	35	4/23/08	0	N/A	N/A	N/A	N/A	185	There was no investigation. Gang validation was already completed from inmate' s last incarceration.
AVERAGE	10	56		12.5	0	65	37	84	259	

CALIFORNIA DEPARTMENT OF CORRECTIONS AND REHABILITATION
OFFICE OF AUDITS AND COMPLIANCE

REPORT OF FINDINGS

RADIO
COMMUNICATIONS

IRONWOOD STATE PRISON

APRIL 7 - 11, 2008

The seal of the California Department of Corrections and Rehabilitation is partially visible behind the 'PRELIMINARY' text. It features a circular design with a green border containing the text 'DEPARTMENT OF CORRECTIONS AND REHABILITATION' at the top and 'STATE OF CALIFORNIA' at the bottom. The center of the seal depicts a golden scale of justice and a map of California.

PRELIMINARY

CONDUCTED BY

TELECOMMUNICATIONS

Review of Radio Communications

CALIFORNIA STATE PRISON, LOS ANGELES COUNTY (LAC)

Introduction

This review of Radio Communication Operations at California State Prison, Los Angeles County (LAC) was conducted by the Compliance/Peer Review Branch (CPRB), Office of Reviews and Compliance and the Radio Communications Unit (RCU), between the dates of March 17 through 21, 2008. The review team utilized the California Penal Code (PC), California Code of Regulations (CCR), Title 15, California Department of Corrections and Rehabilitation (CDCR) Department Operations Manual (DOM), State Administrative Manual (SAM) and Administrative Bulletin (AB) 90/35 as the primary sources of operational standards.

This review was conducted by Ken Chappelle and Chris Kinman, Correctional Officers, assigned to Facilities Management Division (FMD), RCU.

The review consisted of an on-site inspection, interviews with staff, reviews of procedures, and observation of institutional operations.

The purpose of the CPRB review is one of overall analysis and evaluation of the Institution's compliance with the terms and conditions of State regulations as applied to Public Safety Communications.

Each area was reviewed and if there was an error it was reviewed with LAC Radio Liaison to verify the issue. Overall, findings presented in the attached report represent the consensus.

Review of Radio Communications

California State Prison, Los Angeles County (LAC)

REVIEW SCOPE AND METHODOLOGY

The CPRB and the RCU conducted an on-site review at LAC during the period of March 14 through March 21, 2008. The purpose of this review was to assess the level of compliance with established State regulations in the areas of Public Safety Communications. This review and the attached findings represent the formal review of LAC compliance by CPRB.

The scope and methodology of this review was based upon written review procedures developed by the CPRB and provided to LAC staff in advance of the review.

Random sampling techniques were employed as an intrinsic part of the review process. For the purposes of this review, Complex Control and the Radio Vault were inspected. Throughout the tour several on-duty custody staff were interviewed regarding current practices.

A random sample of radios were reviewed, checking the Radio as to the Post Assignment, the Department of General Services (DGS) 'S' number and the radio serial number. Utilizing the inventory, matrix and AB 90/35 to prove the proper radio location, LAC was at 100% on radio placement. The System Watch and Selective Inhibit Dynamic Regrouping (SIDR) computers were evaluated in Complex Control. These computers were working during the evaluation and the radio liaison was able to complete an Inhibit test without any problems. The Radio Vault was inspected and found to be in near perfect condition.

Recommendations are to continue normal practices as LAC has no issues with usage of the 800 MHz Trunked Radio System and all LAC staff are following all required Public Safety Standards.

The Reviewer would also like to complement the Radio Liaisons at LAC (Officer Lares and Officer Robles) as their organizational skills and overall help made this review a success.

Radio Communication Compliance Review
California State Prison Los Angeles County (LAC)
Exit Conference Discussion Notes
March 14th-21st, 2008

The Office of Audits and Compliance (OAC) and the Radio Communication Unit (RCU) conducted a Radio Communications Security Compliance Review of LAC the week of March 14th, 2008. The review covered 28 different areas which LAC was fully compliant in 27 areas, and partially compliant in 1 area. The chart below details these outcomes. Other observations are noted below.

FINDINGS SUMMARY:

		Compliant	Partial Compliance	Non Compliant
1	Radio Liaison Identified?	C		
2	Inventory System in Place?	C		
3	All Radios Accounted for?	C		
4	Radio Matrix in place?	C		
5	Repair Procedure?	C		
6	Repair Tracking?	C		
7	Battery Management in Place?	C		
8	Proper usage of Battery Management?	C		
9	Inmate Access to Radios?	C		
10	Radio Vault Secured?	C		
11	Intrusion Alarm on Radio Vault?	C		
12	Authorization to Enter Vault?	C		
13	Key to Vault Secured?	C		
14	Vault key Access for DGS-TD Tech?	C		
15	System Watch/SIDR Operational & Computer Secured?	C		
16	Procedure to Operate System Watch/SIDR?	C		
17	Staff to Operate System Watch/SIDR identified?	C		
18	System Watch/SIDR Training?	C		
19	Chit System in Place for Radios?	C		
20	Other Radios on Grounds?	C		
21	Scanners on Grounds?	C		
22	Who do you contact for System Malfunction?	C		
23	Steps taken when System Fails?	C		
24	Staff have Knowledge on Radio Fail-Soft?	C		
25	Staff have Knowledge of RCU Staff?	C		
26	Off Grounds Communication / Fire Department.	C		
27	Working CLERS System?	C		
28	Working CMARS System?		P	
Total		27	1	0

P- The CMARS remote in the EOC was not working, however working in the handheld radios throughout the facility, the DGS-Technician was contacted and will be making the repairs necessary.

Note: LAC Radio Liaisons (Officers Lars and Robles) were of great assistance for this review.

CALIFORNIA DEPARTMENT OF CORRECTIONS AND REHABILITATION
OFFICE OF AUDITS AND COMPLIANCE

PROGRAM COMPLIANCE REVIEW

REPORT OF FINDINGS

CASE
RECORDS

CALIFORNIA STATE PRISON, LANCASTER

MARCH 10 THROUGH 21, 2008

PRELIMINARY



CONDUCTED BY

COMPLIANCE/PEER REVIEW BRANCH

**CALIFORNIA STATE PRISON
LANCASTER
COMPLIANCE REVIEW**

Correctional Case Records Services lead a four member Peer Review team comprised of Deloris Paschal, Correctional Case Records Administrator; Chandra White, Correctional Case Records Manager, Headquarters Training Team; Stacy Wilkins, Correctional Case Records Manager, California Correctional Institution, Level I & II; and Shelley Harmon, Correctional Case Records Supervisor, California Correctional Institution, Level IV-B to conduct a compliance review of specific areas within the California State Prison – Lancaster (CSP-LAC) records office (during the week of March 17 - 21, 2008).

Administrative staff and the Correctional Case Records Manager were aware of this review in advance. All staff was cooperative and assisted with providing information to the review team when requested.

The two primary areas reviewed were:

1. Holds, Warrants and Detainers (HWD)
2. Warden's Checkout Order (CDC 161)

An overview of the findings in the review process is outlined in this document.

HOLDS, WARRANTS AND DETAINERS (HWD)

Central files were reviewed for inmates/parolees received within the last 2 years with active holds/warrants/detainers. A total of 31 files were reviewed by the Peer Review team. The overall findings are as follows.

Desk Procedures for the HWD clerical staff were reviewed. They were clear, easy to follow and new staff would be able to follow the procedures. Clerical staff was interviewed and able to explain the processes.

Reference: DOM Section 72040.5.1 & 72040.5.3

"The HWD Coordinator shall prepare letters of inquiry or initiate teletype requests to resolve potential holds based on the CDC Form 850s completed by institution staff and complete necessary follow-ups on any communication received from law enforcement agencies. The CDC Form 850 shall be attached to the top of the detainer section of the Central File and all such actions shall be entered in the HWD log."

Of the 31 cases reviewed 2 cases had the CDC 850's initiated and the follow-up was not completed timely.

F85016 DUARTE - received at CSP-LAC on 1/15/08 from LAC-RC with 3 CDC 850's initiated by the RC for potential holds; the follow-up was not completed by the mainline records office.

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T77472 TALBERT - intake audit completed on 3/5/07 and letter of inquiry (LOI) requested; LOI not sent until 4/19/07.

Reference DOM 72040.5.4

"If a detainer is for an inmate at another departmental location, the following shall be accomplished: The OBIS operator shall enter the information into the computerized HWD file. The HWD coordinator shall promptly notify the affected location by telephone or teletype and forward the detainer via first class mail to the attention of the HWD coordinator."

Reference DOM 72040.5

"The HWD System ensures that information regarding any specific or potential detainer is recorded and called to staff's attention within "four" hours of receipt to determine what effect if any the hold might have on the inmate's custody."

Reference DOM 72040.5.1

"All HWD correspondence received by mail, teletype or included in the prison package shall be immediately opened, date/time stamped, initialed and delivered to the HWD coordinator. Telephonic communication that indicates an inmate may be wanted shall be referred to the HWD coordinator or to designated staff, if the coordinator or CCRS is not available."

"The HWD Coordinator's initial request to obtain information shall be completed within two working days and follow-up at the 60-day and 10-day audits prior to release. Telephonic follow-up should be used at the 10-day audit."

"If a detainer exists or is believed to exist on an inmate, the HWD coordinator shall prepare a CDC Form 850 documenting the pertinent facts, and immediately contacting the designated staff person responsible for evaluating the potential detainer..."

Of the 31 cases reviewed with the exception of a couple of cases none of the warrants received were date stamped. Staff is relying on the date and time on the faxed/teletyped document. If the time is incorrect on the fax or teletype machine or if the warrant is received on a fax or teletype from another area staff will not be able to determine when the document was received in the records office.

Of the 31 cases reviewed 6 were not processed within the 4 hour time frame (based on the date/time reflected on the faxed/teletyped document) and one did not reflect the date/time staff processed the warrant on the CDC 850 and the information was not entered into OBIS on one case.

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F43033 O'CAMPO warrant received via fax on 2/19/08 at 2:50 PM. It was not processed until 2/21/08 at 1:00 PM – 2 days later.

E12138 FELIX warrant received via fax on 1/7/07 at 1:57 PM. The CDC 850 was completed but staff did not notate the date and time the actions were taken.

F56172 GALINDRES warrant received via fax on 3/17/2008 at 4:13 PM. It was not processed until 3/18/2008 at 2:00 PM and reviewed/signed by the C&PR at 4:00 PM. Although, the hold was received near close of business, it should have been processed immediately the following day.

V64624 SALAZAR warrant received on 2/19/08; the information was recorded timely in the central file and the OBIS, ARDTS systems but not reviewed by the C&PR until 2/21/08 at 8:20 AM.

F66078 ZAMORA warrant received via fax on 7/17/07 at 11:11 AM. It was not processed until 7/20/07, the time of processing was not noted on the CDC 850 and it was not signed by the C&PR.

P46248 SCRUGGS is a CSP-LAC inmate temporarily housed at CMF for OTC proceedings. On 9/14/06 while at CMF, a warrant was received. CMF failed to enter the warrant into OBIS but did forward it to CSP-LAC to complete the full process. CSP-LAC processed the warrant but also failed to enter the warrant in OBIS.

V05590 RICON warrant received at RCC-Chino on 11/13/07, entered into OBIS and forwarded to CSP-LAC. Unable to determine a date received by LAC but staff was unaware of warrant as it was not processed and it was discovered by the audit team when reviewing the central file. It was brought to the CCRM's attention for processing. (Staff processed on 3/19/08??)

Reference: DOM Section 72040.6.1 & 72040.6.2 & CR 95/01 & CR 02/06

"If the detainer is from a California agency for untried charges, the inmate may request disposition of pending charges by filing a CDC Form 643, Demand for Trial in accordance with the provisions of PC 1381.

Reference: DOM Section 72040.5.3

".....The HWD coordinator shall...notify the inmate in writingusing a CDC Form 661, Inmate Notification and Agency Acknowledgement of Detainer Receipt. A copy of the detainer shall be provided to the inmate and they shall be advised what action may be taken to request disposition of the detainer."

In a review of 31 files there were two cases, **F25344 WILSON** and **V49371 CRAYON**, that had detainers where the CDC Form 661 was forwarded to the inmate and did not mark the box which gave the inmate the option to file a CDC Form 643, Requesting Disposition of Untried Charges in accordance with Penal Code (PC) Section 1381. One case **F23319 ANDREWS** a hold was placed from Napa State Hospital and records staff erroneously checked the PC 1381 box on the CDC 661.

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Reference: DOM Section 72040.9

"When the records office receives notification that a detainer previously placed on an inmate has been dropped or expired, the HWD computerized history for that detainer shall be deleted".

Reference DOM Section 72010.12 Posting to CDC 112 Form

Reference DOM Section 72010.12.1

"When an entry is no longer valid (e.g. detainer dropped) a single line shall be drawn through the entry.

Reference DOM Section 72010.12.4

"Red ink stamp" NO LONGER WANTED BY_____ (write in the agency warrant/hold/detainer number. Use date received. Cross out original Wanted notice."

A Time Server tickler file is maintained by the HWD/OTC desk. When an inmate is transferred to CSP-LAC with a time server in file, upon the intake audit, the CCRA notifies the HWD/OTC desk of the time server and a card is made at that time. Because the records office is backlogged on intake audits there is a delay in this information getting to the HWD/OTC desk. Of the 31 cases reviewed 5 cases had holds that had expired or the inmate had been sentenced on the case that generated the warrant.

F80196 DURAN – time server in file from Los Angeles County Sheriff's Office (LASO) with an expiration date of 1/28/08. The HWD/OTC desk did not have a tickler card for the time server and the drop hold has not been processed. Inmate Duran was received by CSP-LAC on 12/12/07; the intake audit has not been completed.

F23319 ANDREWS – time server from Napa State Hospital expired on 9/4/07. The information has not been deleted from OBIS/ARDTS or the CDC 112 updated to reflect no longer wanted.

K31094 HAMMOND - PV-WNT case who paroled on 10/4/06 to LASO on two warrants. He was received at CSP-LAC on 10-16-07 with those two warrants still reflected on the CDC 112. The information has not been deleted from OBIS/ARDTS or the CDC 112 updated to reflect no longer wanted.

D85343 GALLOWAY – subject had an unexpired federal term (Federal release date 5/8/90) and was transferred to Federal Custody to complete the term on 8/11/89. He returned to California on 5/15/90 and received CSP-LAC on 8/13/93. The hold has not been deleted in OBIS/ARDTS and the CDC 112 has not been updated to reflect subject no longer wanted

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F46985 KENNEDY – went OTC on 4/13/07 on a Riverside County hold and returned with an additional commitment on 12/18/07. The hold information has not been deleted from ARDTS and the CDC 112 has not been updated to reflect no longer wanted.

Recommendations:

- Staff responsible for documenting warrant information on the CDC 850 should also include the time as well as the date into the HWD Actions by Case Records Staff for the OBIS (KCHD) Update entry. This would ensure compliance with the requirement that Holds, Warrants and Detainers information is being entered into OBIS within the 4 hours per policy and procedure.
- On the job training should be provided and documented for the HWD staff, Case Records Analyst and other staff as deemed appropriate.
- On the job training should be provided on the proper documentation of information provided to the inmate via CDC Form 661.
- Reiterate to staff the importance of processing the letter of inquiry on potential holds in a timely manner

WARDEN'S CHECKOUT ORDER (CDC 161)

Central files were reviewed for inmates/parolees released from CSP– LAC from March 2 – 17, 2008.

There were 31 cases reviewed and the overall findings are as follows:

Reference: DOM Section 74070.3

"...Paperwork and routine dress-out procedures on cases with release date on weekends or holidays shall be completed prior to the weekend or holiday."

"Prior to release of the inmate, records office staff shall prepare the CDC Form 161, Warden's Checkout Order, and arrange distribution as required by institution operations."

Reference: DOM Section 74070.21

"The following data shall be typed on the CDC Form 161:

- *Date of Release*
- *Type of Release*
- *CDC number*
- *Commitment name*
- *Controlling Discharge Date*
- *Name of parole unit and county of residence*

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- *Parole Region*
- *Check off section to indicate that PC Sections 3058.6 and 3058.8 notifications have been sent.*

"The CDC Form 161 shall be typed by clerical staff. As part of the prerelease audit, the release of information on the form shall be verified at a level not less than that of a Case Records Analyst as the form is used by the institution as the source document for OBIS input and therefore, its accuracy determines the accuracy of parole information in OBIS"

There was one case, **H39718 SILVA, LUIS**, with the incorrect County of residence reflected on the CDC 161 and in OBIS.

Reference: Instructional Memorandum (CR 01/14)

"...The CDC Form 161, Warden's Check-out Order, shall indicate that a notice was sent pursuant to the applicable notification requirement..."

Reference: Instructional Memorandum (CR 92/17)

"...the Warden's Checkout Order must include a notation above the Case Records staff's signature block which states PC 3058.6 and/or PC 3058.8 has been complied with or that PC 3058.6 and/or PC 3058.8 is not applicable."

Reference: Informational Memorandum Dated May 7, 1990

"...Place a check in the box if PC 3058.6 or 3058.8 has been complied with, or write N/A in the box if not applicable."

The Warden's Checkout Orders are to include a check in the boxes for the notices pursuant to PC 3058.6, PC 3058.8, etc., or N/A if not applicable. This procedure is not being followed. Of the 31 cases reviewed none reflected N/A when not applicable.

Reference: Informational Memorandum Dated May 7, 1990

"...Institutions and Regions should submit early/late release reports to Case Records Services as they occur. Those Case Records Offices utilizing a Monthly Early/Late Release Log are to submit the report no later than the last working day of the reported month."

"Institutions/Regions should continue to inform the Chief of Case Records Services of any early releases, or significant late releases, immediately upon discovery and to submit the written report as soon thereafter as possible."

Of the 31 cases, 3 were released late and the reports had not yet been completed. **P78790 JONES**, released 18 days late due to adjudication of a pending CDC 115, **V29912 MOREJON**, released 41 days beyond his release date due to D2 applied incorrectly and **F60898 TORRES**, released 10 days

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beyond his release date due to a dismissed CDC 115. The Peer Review team notified the CCRM who prepared and forwarded the reports to the Chief of Case Records Services.

Reference: Administrative Bulletin 89/09 – “Parole audits are performed at 10-15 calendar days prior to the release date”

Parole audits are generally completed within 10-15 days prior to parole. Of the 31 cases reviewed 26 were completed within the appropriate time frames. There were 3 cases where the audit was completed within 4-8 days, **T37622 MURPHY** (received at CSP-LAC on 10-16-07, 10 day audit completed 3-3-08 and paroled 3-11-08), **F60898 TORRES** (received at CSP-LAC on 7-31-07, 10 day audit completed on 2-25-08, calculated release date 3-2-08 and released on 3-12-08 due to pending CDC 115 being dismissed) and **F85010 BELTRAN** (received at CSP-LAC on 1-7-08, 10 day audit completed 3-3-08 and paroled on 3-7-08).

Recommendations:

- Ensure that the parole audits are completed within the 10-15 day time frame.
- Update desk procedures and provide training to staff to ensure that the CDC 161 reflects N/A in the notification boxes when the notice is not required or requested.
- On the job training should be provided and documented for the Correctional Case Records Analyst, clerical staff and Program Technicians to ensure designated OBIS entries are recorded accurately on the CDC-161 Warden's Checkout Order and in the OBIS movement entries.
- Ensure late release reports are prepared immediately upon discovery and the Chief of Case Records Services is notified immediately.

GENERAL FINDINGS

In the Holds, Warrants and Detainer portion of the audit, 19 components were reviewed. The six areas listed below need to be brought into compliance with the current policies and procedures as indicated in the above review portion of this report:

- Time frames between initiating the CDC 850 and forwarding the letter of inquiry to the appropriate law enforcement agency on potential holds/warrants/detainers.
- Date and time stamp all warrants received in the records office.
- Completing the CDC 850 with the applicable information, i.e. date and time of processing a warrant, signature of appropriate staff, etc.
- Process all warrants within four hours of receipt.

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- Completing the CDC 661 with the appropriate option to the inmate, including but not limited to, PC 1381, PC 1389 and PC 1203.2(a).
- Provide training on the entire process of dropping holds, specifically on time servers and OTC returns.

In the CDC Form 161 Warden's Checkout Order portion of the audit, 2 components were reviewed. There are two areas listed below that need to be brought into compliance with the current policies and procedures as indicated in the above review portion of this report:

- The Notices Sent Pursuant to PC 3058.6, PC 3058.8, etc., on the CDC Form 161 Warden's Checkout Order needs to reflect N/A, not applicable for those that do not apply.
- Prepare the late release reports and provide a copy to the Chief of Case Records Services more expeditiously.

STAFF VACANCIES

The vacancies are reported as follows:

- 1 Program Technician II
- 1 Office Services Supervisor I
- 1 Office Technician (reporting 3/24/08)
- 2 Correctional Case Records Analyst (new established positions)

CALIFORNIA STATE PRISON - LANCASTER

March 17, 2008

ADMINISTRATIVE SEGREGATION BED UTILIZATION REVIEW

The **California State Prison - Lancaster** (CSP-LAC) Administrative Segregation Unit (ASU) Bed Utilization Review was conducted during the week of **March 17, 2008** by Le Luu, Classification Staff Representative (CSR), Classification Services Unit (CSU); Kathy O' Dell, CSR, CSU; Mary Neade, Correctional Counselor II (CC-II), General Population III & IV; Terri Miner, CC-II, California Correctional Institution.

The purpose of this review is to provide an assessment of bed utilization in the ASU. This assessment is intended to be used as a management tool by the institution in identifying areas that could reduce time spent and overcrowding in ASU.

Attached to this report is a spreadsheet that contains a listing of the types of cases by CDC numbers that were reviewed by the team.

SAMPLE IDENTIFICATION

This ASU Bed Utilization review focuses on CSP-LAC cases that have been in ASU for 90 days or more as of the date of the review. Cases received at this institution for ASU Hub placement are not included in this review.

A total of **62** cases were reviewed. Of these cases:

- **33** were placed in Administrative Segregation based on a pending disciplinary charge.
- **13** were placed in Administrative Segregation based on a pending investigation of safety concerns/needs.
- **16** were placed in Administrative Segregation based on a pending investigation of Prison Gang Status or update of previous validation.

Note: There were nine (9) cases in which the inmates were subjected to multiple Rule Violation Reports (RVR). The assessments of the processing time of most of these RVRs are being reported separately in the attached case listing spreadsheets in order to provide a clearer account of how each RVR was processed.

Does the institution use a comprehensive ASU tracking method that records the reason for ASU placement, track time periods for specific processes and total amount of time in ASU? Yes/No

Yes. The institution does have an ASU Tracking Log that contains many data related to its ASU cases. It is important that staff update this log regularly and use the data contained therein to their full extent to ensure each case is processed correctly and expeditiously through ASU.

***Comment:** Although there is not a requirement that a system other than the Distributed Data Processing System (DDPS) be maintained, the DDPS capabilities are limited. A comprehensive ASU tracking system can identify a multitude of data fields, which can be customized by the needs of each specific institution. The tracking system can be very basic but still provide meaningful information that can significantly reduce workload. The system should be maintained in a format that can be sorted by specific areas to enable staff to easily identify possible problem areas at a quick glance.*

GENERAL ASU CASE PROCESSING TIMES

Period from Initial Placement in ASU to CSR Review

California Code of Regulations (CCR) 3335(c)(1) requires that the Institution Classification Committee refers the case for Classification Staff Representative (CSR) review and approval when any case is retained in ASU for more than 30 days. When the initial ICC review determines that a case is not expected to be resolved within 30 days, referring the case to the CSR at the time of the initial hearing expedites this process and assures compliance with the regulation.

ASU Placement to Initial ICC review:

Time from the date of placement in Administrative Segregation to the initial ICC referral for CSR Review ranged from **0** days to **72** days. The average time is **9** days.

[California Code of Regulations 3335(c) requires that inmates placed in ASU be seen by ICC within 10 days of placement.]

Initial ICC Review to CSR Review:

The average time from the initial ICC referral for CSR Review to the actual CSR review ranged from **0** days to **222** days. The average time is **40** days.

[It is the expectation that cases referred for ASU retention be presented to the

CSR for review within 30 days of the Classification committee referral.]

ASU Retention Beyond Approved Retention Date:

When an ASU case is reviewed by a Classification Staff Representative (CSR), the CSR will indicate a time period in which the case must be presented again to a CSR for further review. Of the cases reviewed, there are **20** cases currently retained in ASU beyond the CSR approved retention date. The average time that exceeds the CSR approved retention date is **18.5** days.

[The expectation is there should be 0 cases in this category]

ASU Retention Without ASU Extension Approval:

There are **2** cases that have been in ASU that do not have ASU extension approvals at all.

[The expectation is there should be 0 cases in this category]

DISCIPLINARY CASES

Hearing Timelines

Once a Rules Violation Report (RVR) has been issued, simply determining the time between the issuance and the subsequent hearing does not provide an accurate measurement of the institution's efficiency in processing the case. This is due to the fact that the inmate may choose to postpone the hearing until after any District Attorney review/prosecution has occurred. Due to this factor, RVR processing must be categorized and examined separately.

The average time the inmates have spent in ASU pending completion of the disciplinary process is **354** days. As of the date of this review (3/17/08), one (1) inmate [P-43572] has been housed in ASU for **1310** days relative to an RVR dated 8/15/04 for Attempted Murder. This RVR is still pending adjudication.

RVRs heard without postponement

25 cases were examined.

Time from the date of the issuance of the RVR to the date the RVR was heard ranged from **11** days to **100** days. The average time is **39.5** days.

RVRs heard with postponement pending DA action

11 cases were examined.

Time from the date of the completion of the DA action delaying the hearing to the date the RVR was heard:

(The Reviewing Team was unable to determine the processing time in this area due to insufficient information regarding the time of completion of DA actions in most cases.)

Post-Hearing Processing Timelines

Following the completion of the hearing by the disciplinary hearing officer or committee, there are no due process timeframes to interfere with rapid completion of the remainder of the disciplinary process. The time is measured from the hearing date through the ICC review. There are several reviews that must occur during this period. Each review is measured.

1 RVR was dismissed, and **7** RVRs are still pending.

Hearing to Facility Captain Review:

Time from the date of the RVR hearing to the date the RVR was audited by the Facility Captain ranged from **1** day to **47** days. The average time is **14** days.

[The Department has no regulatory time constraints; however, the expectation is this time will be within 5 working days.]

Facility Captain to Chief Disciplinary Officer Review:

Time from the date the RVR was audited by the Facility Captain to the date the RVR was audited by the Chief Disciplinary Officer ranged from **0** day to **91** days. The average time is **13** days.

[The Department has no regulatory time constraints; however, the expectation is this time will be within 3 working days.]

Chief Disciplinary Officer to ICC review:

Time from date the CDO audited the RVR to the case being reviewed by the ICC for the RVR ranged from **1** day to **121** days. The average time is **52** days.

[The expectation is the inmate will appear before ICC within 14 days. This will allow staff a two-week ICC rotation period.]

Parole Violator Cases referred to the Board of Prison Terms (BPH) for review:

There are only two (2) cases that required referral to BPH for revocation extension hearing. The processing times of these cases are as follows:

- Time from the date of the RVR to the date the RVR was received by the BPH Desk ranged from **0** days to **45** days. The average time is **22.5** days.
- Time from receipt of the RVR by the BPH Desk to referral to the BPH for offer or screening ranged from **4** days to **10** days. The average time is **7** days.
- Time from the referral to BPH to the date of the screening offer or hearing ranged from **22** day to **32** days. The average time is **27** days.

Incident Report Processing

Once an incident has occurred, the Incident Report must be prepared and completed. This timeline measures the process within the institution as it completes the report, forwards it to its Investigative Services Unit (ISU) and the subsequent response time from the office of the District Attorney (DA) or the ISU screen-out based on local agreement with the DA.

Incident Date to ISU Receipt of Incident Report:

Date from incident occurrence to the date ISU received the Incident Report ranged from **4** days to **113** days. The average time is **35** days.

[The expectation is the complete package will be presented to ISU within 7 calendar days.]

ISU Receipt of Incident Report to Referral to DA/ISU Screenout:

Date from ISU receipt of Incident Report to referral to DA or ISU screen out ranged from **6** days to **215** days. The average time is **57** days.

[The expectation is the time should not exceed 5 working days.]

DA Referral to Resolution:

Date from DA referral to either rejection or acceptance of the case ranged from **0** days to **146** days. The average time is **34** days.

[This is one area that the institution has no definitive control over, however, it is suggested that the institution work closely with the DA's office to track the

decision making process to resolution of either acceptance of the case for prosecution or rejection of the case for prosecution.]

SAFETY CONCERNS

When an inmate is placed into ASU based on safety concerns, which must be investigated, there are no due process time constraints that delay the resolution and completion of the investigation. The amount of time taken to complete this type of investigation varies and generally reflects the amount of resources utilized to conduct the investigation.

There were **13** cases reviewed that were placed in Administrative Segregation based on the need for investigations of safety concerns. The average time the inmates have spent in ASU pending completion of such investigations is **246** days.

Investigation Initiation to Completion:

Time from the date of referral to staff for investigation to the date the investigation was concluded ranged from **0** days to **123** days. The average time is **66** days.

[The expectation is this time should not exceed 30 calendar days.]

Investigation Completion to ICC Review:

Time from conclusion of the investigation to ICC review of investigation results ranged from **1** day to **109** days. The average time is **34** days.

[The expectation is that the inmate will appear before ICC within 14 calendar days. This will allow staff a 2-week rotation period.]

GANG INVESTIGATION/VALIDATION/DEBRIEFING

When an inmate is placed into ASU based on the need for investigation of gang activity, there are no due process time constraints, which delay the resolution and completion of the investigation. This timeline measures the amount of time taken to complete this type of investigation, the review by the Law Enforcement Liaison Unit (LEIU) and the time to review and conclude the issue by ICC and CSR.

There were **16** cases reviewed that were placed in Administrative Segregation based on Gang Investigation/Validation/Debriefing. The average time the inmates have spent in ASU pending completion of such investigation/validation process is **259** days.

ASU Placement to Referral to IGI for Investigation:

Days from ASU placement to IGI investigation assignment being received by IGI ranged from **0** day to **2** days. The average time is **0** days.

(Almost all the cases reviewed were placed in ASU based on prior prison gang validations. The investigations and/or the updates of these cases were normally initiated by the IGI prior to ASU placements.)

Initiation of IGI investigation to Conclusion of Investigation:

Days from IGI investigation assignment to receipt of completed investigation ranged from **5** days to **232** days. The average time is **65** days.

NUMBER OF INMATES IN ASU ENDORSED & AWAITING TRANSFER

Documentation presented by Records staff indicates that there are **19** cases that are currently endorsed and awaiting transfer that are housed in ASU. These cases have been endorsed for transfer for **11** to **127** days.

GENERAL OBSERVATIONS

First of all, the ASU Bed Utilization Reviewing Team would like to thank all LAC staff for extending their warm welcome to the team. Special thanks are given to the C&PR, the Assistant C&PR, and Records staff in ensuring that the needed files were located and readily available to the Reviewing Team. This review could not have been completed in a timely manner without their cooperation and commitment to assist the Reviewing Team in any which way possible.

As noted previously, attached to this report are case listing spreadsheets that contain data related to all the cases reviewed. This report examines and presents these data in separate case groups (i.e. Disciplinary, Safety Concerns Investigation, Prison Gang Investigation) in an effort to clearly identify areas of concern that may require re-evaluation of the processes currently in place. It does not, however, provide any specific directions and/or recommendations to change the current processes.

Overall, it is evident that LAC staff have consistently scheduled inmates for Initial ASU classification reviews within 10 days of their placements into ASU. Of the 62 cases reviewed, only three (3) appeared before ICC outside this 10-day time parameter. There was one (1) case [T-09462] in which the inmate appeared before ICC 72 days after ASU placement. However, this case appears to be an exception, rather than a norm.

Additional efforts should be made, however, to ensure timely presentation or re-presentation of cases to CSRs. Of the 62 cases reviewed, 22 (or 35%) were presented to CSR beyond 30 days from the date of initial ICC ASU retention review, and 2 were never made to a CSR [F-96964, K-35597]. An additional problem is that cases required to be returned to CSRs for further action(s) were not regularly returned to CSRs before the expiration of a specifically given return date. Approximately 49 (or 79%) of the 62 cases reviewed were re-presented to CSRs beyond the approved return dates, and of these cases, the Reviewing Team have identified 7 cases that exceeded the return date by approximately 4 to 9 months [D-18653, F-23319, T-64787, K-41972, J-58926, T-07359, and T-54658].

In the area of disciplinary process, it appears the information regarding an inmate's decision to postpone or not to postpone the hearing and the progress of the DA referral cases was tracked solely by the Investigation Services Unit (ISU). This information was not regularly documented in the CDC 128-Gs or in any other forms in the Central File. It would be beneficial to the classification review process if classification staff coordinate with ISU in obtaining information regarding the status of these cases for inclusion in the CDC 128-Gs.

Staff appeared to experience similar problems in the area of Safety Concern investigations. Information regarding the status of said investigations was rarely sufficiently documented in the CDC 128-Gs. The time taken to complete the investigations may also have been an issue. Of the 13 Safety Concern cases reviewed, 6 (or 46%) required staff to spend between 75 to 132 days to complete the investigations. Again, the expectation is this time should not exceed 30 calendar days.

Please take necessary steps to ensure all areas of concern discussed in this report are addressed in accordance with applicable departmental policy and procedures.